

<b>Case Number:</b>	CM14-0146498		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/20/1995
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 68 year old male with a reported injury on 12/20/1995. The mechanism of injury was and electric shock, causing a fall. The injured worker's diagnoses included postlaminectomy syndrome and cervical disc disease. The injured worker's past treatments included medications, surgery, and physical therapy. On the clinical note dated 07/30/2014, the injured worker complained of frequent low back and cervical pain. The injured worker rated his pain on average 8/10. The injured worker had tenderness to palpitation at joint and surrounding muscles of the cervical spine, decreased range of motion, and positive for swelling on the right greater than the left. The injured worker's medications included MS Contin 30 mg tablets 4 times a day, alprazolam 1 mg once a day, Colace 250 mg 2 every 12 hours, and Senna tablet 2 every 12 hours. The request was for Colace 250 mg tab 2 by mouth twice a day #20 and MS Contin 30 mg extended release 1 by mouth 4 times a day #150. The rationale for the request is for pain management and constipation. The request for authorization was submitted on 08/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Colace 250mg Tab 2 by Mouth Twice a Day #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 93, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Laxatives Page(s): 77.

**Decision rationale:** The request for Colace 250mg tab 2 by mouth twice a day #120 is not medically necessary. The injured worker is diagnosed with postlaminectomy syndrome and cervical disc disease. The injured worker complains of pain in the low back and cervical spine, rated on average 8/10. The California MTUS Guidelines recommend that prophylactic treatment of constipation should be initiated when starting opioid therapy. The injured worker is prescribed opioid pain medication, which tends to cause constipation. However, since the opioid medication is not medically necessary, the prophylactic usage of laxatives is not medically necessary as well. As such, the request for Colace 250mg tab 2 by mouth twice a day #120 is not medically necessary.

**MS Contin 30mg ER 1 by Mouth, 4 Times a Day #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77, 93, 78-80, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Management Page(s): 78.

**Decision rationale:** The request for MS Contin 30mg ER 1 by mouth, 4 times a day #150 is not medically necessary. The injured worker is diagnosed with postlaminectomy syndrome and cervical disc disease. The injured worker complains of low back and cervical spine pain, rated on average 8/10. The California MTUS Guidelines recommend an ongoing review of medications, with documentation of pain relief, functional status, appropriate medication use, and side effects. Additionally, the guidelines recommend that opioids for chronic back pain be limited for short term pain relief not greater than 16 weeks. There is a lack of documentation indicating the injured worker has significant functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen or documentation of side effects. As such, the request for MS Contin 30mg ER 1 by mouth, 4 times a day #150 is not medically necessary.