

<b>Case Number:</b>	CM14-0150355		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	07/08/2013
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 & Rehabilitation, and is licensed to practice in California and Washington. 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 36-year-old female with a reported date of injury on 07/08/2013. The mechanism of injury was not noted in the records. The diagnoses included left shoulder impingement syndrome, cervical strain and headaches. The past treatments included pain medication, TENS unit, physical therapy and trigger point injections. The MRI of the cervical spine performed on 05/21/2014 revealed a midline disc bulge at C5-6 and C6-7. There was also reversal of cervical lordosis. There is no relevant surgical history documented in the notes. The subjective complaints on 09/17/2014, included moderate to severe pain in her neck, shoulder and back with persistent headaches and heart palpitations. The physical exam of the cervical spine noted positive Spurling's test to the left and positive tenderness over the paracervical musculature and negative for muscle spasms. The exam to the left shoulder noted positive Neer's test, positive Hawkins test, negative O'Brien's and negative Speed's tests. The range of motion to the shoulder was decreased, as well as the range of motion to the cervical spine. The medications included Voltaren, omeprazole, gabapentin, Celebrex, Wellbutrin, Flexeril, tramadol and Zofran. The treatment plan was to continue and refill medications. A request was received for Colace 100 mg #30. The rationale for the request was not provided. The Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines \_ Pain Chapter - Opioid Medications

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 67-68.

**Decision rationale:** The request for Colace 100 mg #30 is not medically necessary. The California MTUS Guidelines state that when initiating opioid therapy prophylactic treatment of constipation should be initiated as well. There is no evidence in the notes or the medication records that this patient is on any opioid medication. Additionally, there is no rationale provide with this request. The guidelines only support stool softeners when the patient is on opioid therapy. In the absent of opioid medication to justify the need for a stool softener, the request is not supported by the evidence based guidelines. As such, the request for Colace is not medically necessary.