

Case Number:	CM14-0157597		
Date Assigned:	09/30/2014	Date of Injury:	05/27/2004
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 42 year old employee with date of injury of 5/27/2004. Medical records indicate the patient is undergoing treatment for depression, s/p left rotator cuff repair (2007), Fusion L5, L6 (2008), DDD (lumbar), rotator cuff syndrome (left); arthritis (left shoulder), interstitial myositis, brachial neuritis or radiculitis nos, postlaminectomy syndrome cervical region and degeneration of cervical intervertebral disc. Subjective complaints include ongoing neck pain and headaches. Her left arm is worsening and has numbness. Her left hand has similar symptoms which worsen with activity. She says she has daily left shoulder pain with limited range of motion (ROM). She also reports an increase in low back, neck and bilateral shoulder pain which has increased with her job travel. Her low back spasms and pain have not responded to Flexmid. She says the pain continues to radiate to her lower extremities with numbness and tingling. Her bilateral feet and toes have been tingling as well. She has worsening posterior leg pain that radiates to the foot with numbness and weakness. She has noticed an increase in migraine headaches. She rates her pain as 4/10 with medication and 8/10 without. Objective findings include on cervical exam, there was tenderness to palpation at paraspinals as well as suboccipital pain and left myofascial pain with trapezius and levator scapulae. Spurling's maneuver was positive centrally. On the lumbar spine there was tenderness to paraspinals. Her sitting straight leg raise was positive on the left and right. Her gait is antalgic and her posture is abnormal, decompensated in the saggital plane. She has decreased sensation in the left lower and upper extremity and right upper extremity. She has decreased sensation at left C5, C6, C7, L4 and L5. Treatment has consisted of Hydrocodone-Acetaminophen; Maxalt-Mlt, Medrol (Pak), Robaxin, Tylenol with Codeine; Ibuprofen; Baclofen; Colace; Senna; Xanax; Zoloft; Hydroxyzine HCL and Estazolam. The utilization review determination was rendered on 8/22/2014 recommending non-certification of Colace 100mg #45 x 3, as an outpatient for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #45 x 3, as an outpatient for low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RXList.com, Official Disability Guidelines (ODG), www.odg-twc.com/odgtwc/formulary.htm., drugs.com, Epocrates Online www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dos Calculator, www.agencymeddirectors.wa.gov (as applicable.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77. Decision based on Non-MTUS Citation Pain (Chronic), Opioid-induced constipation UpToDate.com, Docusate

Decision rationale: Colace (Docusate) is a stool softener. This patient is undergoing treatment with an opioid for a number of months. Opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include "physical activity, appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber" and "some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". Uptodate states "Patients who respond poorly to fiber, or who do not tolerate it, may require laxatives other than bulk forming agents." Additionally, "There is little evidence to support the use of surfactant agents in chronic constipation. Stool softeners such as Docusate sodium (eg, Colace) are intended to lower the surface tension of stool, thereby allowing water to more easily enter the stool. Although these agents have few side effects, they are less effective than other laxatives" The treating physician has not provided documentation of a trial and failure of first line therapies (increased physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber; a trial of over the counter medication).As such, the request for Colace 100mg #45 x 3, as an outpatient for low back pain is not medically indicated at this time.