

<b>Case Number:</b>	CM14-0158962		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/31/2009
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine, 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:

This injured worker's date of injury is 10/31/2009. The initial injury claim was from repetitive movement of the low back. The patient receives treatment for chronic low back pain with radiation down the left leg, neck pain, and shoulder pain. The patient reports leg weakness and decreased sensation. The patient received physical therapy. On exam there is limited left shoulder ROM, low back exam shows "severe" bilateral tenderness. The neurologic exam is normal. Medication includes: buprenorphine and senna-gen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 50 mg, sixty count with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Constipation in Adults, UpToDate.com

**Decision rationale:** Colace is a stool softener which can help with the constipating effects of opioid treatment. The patient does not take any opioids which are approved; therefore, Colace is not medically indicated.

**Butrans patches, 5 mcg/hr, four count with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**Decision rationale:** This patient receives treatment for chronic low back pain, shoulder pain, and neck pain. Buprenorphine may be medically indicated for a number of specific indications; these include: for treatment of chronic pain after detoxification in patients who have a history of opiate addiction and for opioid withdrawal therapy. The medical documentation does not discuss either indication. Buprenorphine is not medically indicated.