

<b>Case Number:</b>	CM14-0213623		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	12/05/2001
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 52-year-old male who reported an injury on 12/05/2001. The mechanism of injury was not specified. His diagnoses included discogenic lumbar condition with fusion from L4-S1 and discectomy from L2-4. Past treatments included medications and surgery. Diagnostics included an official CT of the lower extremity without contrast performed on 03/17/2014, read by [REDACTED] which was noted to reveal no obvious aggressive lytic or permeative osseous changes, no evidence of acute fracture or dislocation; no obvious soft tissue abscess or collection or mass; diffuse muscular atrophy of the right thigh and right groin adenopathy probably inflammatory. His surgical history was noted to include surgical fusion from L4-S1 and discectomy from L2-4 on unspecified date. Documentation dated 12/02/2014, indicated the patient presented for a followup visit following above the knee amputation bilaterally in 09/2014. The physical examination revealed the patient in a wheelchair with tenderness along the lumbosacral area with spasm. The patient's current medications were noted to include Norco, dosage and frequency unspecified; OxyContin 10 mg 2 tabs every 4 hours; Colace 250 mg, frequency unspecified; and Viagra 100 mg, frequency not specified. The treatment plan included continuation of medication regimen and a referral to psychiatry to address his medication needs. The request was for associated surgical service, Colace 250 mg #60 and LidoPro cream times 1 bottle; however, the rationale for the request was not included. The Request for Authorization form dated 12/02/2014 was included for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 250mg #60:** Overturned

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

**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: <http://www.drugs.com/mtm/colace.html>.

**Decision rationale:** The request for Colace 250 mg #60 is medically necessary. The California MTUS/ACOEM Guidelines and the Official Disability Guidelines do not address the use of Colace. The website, Drugs.com, states Colace (docusate) is a stool softener used to treat or prevent constipation and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. It is also indicated that the most common laxative regimen for treating opioid induced constipation is a stool softener, such as docusate with the addition of a stimulant laxative. The clinical documentation submitted indicated the injured worker underwent recent surgery in 09/2014 and continues to use opioid medications for pain and has a high risk due to both opioid induced constipation and immobility following surgical procedure. The request is supported. As such, the request for Colace 250 mg #60 is medically necessary.

**Lidopro cream x 1 bottle:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for LidoPro cream times 1 bottle is not medically necessary. The California MTUS Guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. LidoPro cream is a compound that contains lidocaine. Topical lidocaine in the formulation of a dermal patch is the only commercially approved topical formulation of lidocaine (whether creams, lotions or gels). As the use of topical lidocaine in a cream is not recommended, the request is not supported. As such, the request for LidoPro cream times 1 bottle is not medically necessary.