

Case Number:	CM14-0214972		
Date Assigned:	01/07/2015	Date of Injury:	03/06/2006
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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: Physical Medicine & Rehabilitation

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 patient is a 37 year old male with the injury date of 03/06/06. All hand-written reports provided by the treater contain little information regarding the patient's condition, treatment history, medication, etc., per physician's report 11/04/14, the patient has pain in his mid-back and lower back with spasms, radiating down his right leg. The list of diagnosis is lumbar spine fusion non-union. The patient will be off from work from 1/05/15 to 03/06/15. Per 09/16/14 progress report, the patient has mid and low back pain with spasm. His right leg keeps locking. The patient has difficulty in standing from seated position. SLR is positive on the right. Per 08/05/14 progress report, the patient has the same pain and symptoms in his back and right leg. The patient continues Norco and Soma. Per 06/19/14 progress report, the patient has a lot of back pain at 10/10. The patient weighs 308 lbs. and the treater wants the patient to lose 100 lbs. first. The utilization review determination being challenged is dated on 11/26/14. Treatment reports were provided from 03/18/14 to 11/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78.

Decision rationale: The patient presents with pain and weakness in his mid-back, low back and right leg. The request is for Colace 100mg #60 with 1 refill. MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. Current medications are not provided in the medical reports provided for review. The Utilization review letter 11/26/14 denied this request, stating "no clinical supporting documentation to confirm the alleged gastrointestinal condition." However, the 8/5/14 report indicates that the patient is to continue Norco. Given the guidelines support for prophylactic use of stool softeners when opiates are used, the request is medically necessary.