

Case Number:	CM14-0216900		
Date Assigned:	01/06/2015	Date of Injury:	04/26/2012
Decision Date:	03/04/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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, Hawaii
 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 47 year old male with date of injury 4/26/12. The requesting treating physician report was not found in the documents provided. The treating physician report dated 11/12/14 per the UR report dated 12/26/14 (17 B) indicates that the patient presents with pain affecting the neck and low back. The patient complains of neck pain with radiation to the right arm, and low back pain with radiation to the right leg. The pain is described as burning and pointe/sharp, constant, and worsening. The physical examination findings reveal the range of motion of the lumbar spine is as follows: Forward flexion is 30 degrees, extension is 10 degrees, and side bending is 20 degrees to the right and 20 degrees to the left. Tenderness to palpation over the bilateral lumbar paraspinal muscle consistent with spasms. There is sciatic notch tenderness and a positive lumbar facet loading maneuver bilaterally. Further examination reveals a positive straight leg raise on the right to 45 degrees and a diminished sensation in the right L5 and S1 dermatomes of the lower extremities. Prior treatment history includes prescribed medication including Norco, Morphine sulfate, Naproxen, Omeprazole. The current diagnoses are: 1. Displacement of lumbar intervertebral disc without myelopathy2. Cervicalgia3. Secondary erectile dysfunction4. Depressive disorderThe utilization review report dated 12/26/14 (4 A) denied the request for Colace 100mg # (unknown quantity) based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg # (unknown quantity): Upheld

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 Opioids Page(s): 77.

Decision rationale: The patient presents with pain affecting the neck and low back. The current request is for Colace 100mg # (unknown quantity). The treating physicians report dated 11/12/14 states, 'Colace 100mg one bid for severe constipation secondary to medications.' Reports provided show the patient has not been prescribed Colace previously. The MTUS Guidelines state that for constipation due to opioid use, 'Prophylactic treatment of constipation should be initiated.' The patient is currently taking Norco and Morphine sulfate, and the physician has documented that the medication was causing constipation. In this case, no quantity of Colace to be prescribed was specified in the request and an open ended request does not satisfy MTUS guidelines. Recommendation is for denial.