

Case Number:	CM15-0015464		
Date Assigned:	02/03/2015	Date of Injury:	01/12/2012
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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 injured worker is a 66 year old male, who sustained an industrial injury on 01/12/2012. The diagnoses have included cervical pain, cervical strain, wrist pain, spasm of muscle, and cervical radiculopathy. Treatments to date have included psychological therapy sessions, cervical epidural steroid injection, acupuncture, home exercise program, and medications. Diagnostics to date have included cervical MRI on 10/31/2012 which showed C5-C6 severe left and moderate to severe right foraminal stenosis, C4-C5 moderate disc degenerative with broad central 2mm disc protrusion, and C6-7 moderate disc degenerative and moderately severe bilateral foraminal stenosis. In a progress note dated 10/17/2014, the injured worker presented with complaints of neck pain. The treating physician reported the medications are working well and side effects include constipation. Utilization Review determination on 01/13/2015 non-certified the request for Colace 100mg #60 citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 MG #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 77.

Decision rationale: The patient continues to have severe neck pain. The current request is for Colace 100mg #60. There is no documentation of any constipation. The attending physician states that the Colace is for the opioid induced constipation. The MTUS page 77 states Prophylactic treatment of constipation should be initiated. The ODG states "that if prescribing opioids has been determined to be appropriate, then ODG recommends, under initiating therapy, that prophylactic treatment of constipation should be initiated." The records reviewed show that the patient has been prescribed Norco and Trazodone. The patient has been stable on opioids with Colace without documentation of constipation. The request for Colace is supported by the medical documentation and as such, recommendation is for authorization.