

<b>Case Number:</b>	CM15-0017508		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/10/1989
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 a 55 year old male, who sustained an industrial injury on February 10, 1989. The diagnoses have included low back pain and post lumbar laminectomy syndrome. Treatment to date has included lumbar laminectomy, L4-5 fusion, L5-S1 laminectomy, fusion revision, physical therapy, aquatic therapy, and medication. Currently, the injured worker complains of an increased level of pain since his previous visit. The injured worker rates his pain with medications a 6 on a 10-point scale and 10 on a 10-point scale without medications. He reports that his sleep quality is poor and his activity level has decreased. On January 2, 2015 Utilization Review modified a request for Colace 250 mg #60 with five refills, noting that five refills was considered excessive especially when the injured worker was concurrently prescribed Senokot. The California Medical Treatment Utilization Schedule was cited. On January 29, 2015, the injured worker submitted an application for IMR for review of Colace 250 mg #60 with five refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 250mg, #60 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Roberts Pharmaceutical (2004) Colace Oral

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioid induced constipation treatment. (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm#Opioidinducedconstipationtreatment>)

**Decision rationale:** According to ODG guidelines, Colace is recommended as a second line treatment for opioid induced constipation. The first line measures are : increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the first line measurements were used. In addition, it is not clear from the patient file the need for Colace since he has been concurrently prescribed Senokot. Therefore the request for Colace 250mg, #60 with 5 refills is not medically necessary.