

Case Number:	CM15-0121371		
Date Assigned:	07/02/2015	Date of Injury:	06/05/2009
Decision Date:	07/30/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/23/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 49 year old female with an industrial injury dated 06/05/2009. The injured worker's diagnoses include status post cervical fusion, carpal tunnel syndrome -wrist (median nerve), lumbar intervertebral disc disorder with myelopathy and cervical intervertebral disc disorder with myelopathy and sciatica. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/12/2015, the injured worker reported no change in acid reflux from medication and the injured worker also reported diarrhea and improving constipation. The treating physician reported that the injured worker was status post H. pylori treatment but complained of ongoing bloating and was positive for hiatal hernia. Physical exam revealed soft, non-tender abdomen with positive bowel sounds. The diagnoses included hiatal hernia, gastroesophageal reflux disease secondary to NSAIDS, gastritis status post h. pylori treatment, constipation/diarrhea, sleep disorder and Vitamin D deficiency. The treating physician prescribed Colace 10mg #60 2 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 10mg #60 2 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, colace.

Decision rationale: The California MTUS, ODG and ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of constipation. The patient has the diagnosis of constipation with suspected irritable bowel syndrome. The patient has not contraindications to the medication. Therefore the request is medically necessary.