

Case Number:	CM15-0129223		
Date Assigned:	07/15/2015	Date of Injury:	06/01/2010
Decision Date:	08/11/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/02/2015

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:

This injured worker is a 54 year old male who reported an industrial injury on 6/1/2010. His diagnoses, and or impression, were noted to include: insomnia secondary to medications and psychological factors; constipation; chronic right knee pain with evidence of medial meniscus tear and displaced fragment, status-post arthroscopic meniscectomy, limited synovectomy and chondroplasty of the patellofemoral compartments (12/24/10); gout, right foot; chronic low back pain; neck and upper back myofascial pain; and reactive depression. No current electrodiagnostic or imaging studies were noted. His treatments were noted to include diagnostic studies; home exercise program; medication management with toxicology screenings; and modified work duties. The progress notes of 4/21/2015 reported complaints of lower backache and bilateral knee pain which is moderate on his medications, and moderate-severe without medications. Objective findings were noted to include poor sleep; abnormal gait; anxiety with depression; sleep disturbance; and the reviews of diagnostic and toxicology laboratories. The physician's requests for treatments were noted to include a prescription for Colace, for opioid-induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Colace 100mg, #60 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C, Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct 51 p. [44 references].

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

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore the request is medically necessary.