MAXIMUS Federal Services

| Case Number: | CM15-0176780 | | |
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| Date Assigned: | 09/17/2015 | Date of Injury: | 04/26/2013 |
| Decision Date: | 10/27/2015 | UR Denial Date: | 08/26/2015 |
| Priority: | Standard | Application Received: | 09/08/2015 |

## 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
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 39 year old male who sustained an industrial injury on 04-26-2013. Current diagnoses include lumbar stenosis, left lumbar radiculopathy, low back pain, lumbar intervertebral disc derangement. Report dated 07-22-2015 noted that the injured worker presented with complaints that included low back pain and left leg pain with numbness and tingling. Pain level was 5-7 (back) and 5-6 (left leg) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-22-2015 revealed pain with spine range of motion, bilateral paraspinal guarding and muscle spasms, tenderness to palpation in the midline lumbosacral regions, mild left antalgic gait, unable to toe walk or heel walk on the left, can only squat half-way on the left leg, motor strength is guarded, mild weakness on the left, decreased sensation, and positive straight leg raise on left, Bonnets phenomena, and Bragard's signs. Previous treatments included medications, physical therapy, acupuncture, and epidural steroid injections. The treatment plan included request for re-authorization or extension of prior surgical approval on 11-21-2014. Report dated 11/12/2014 the treating physician recommended surgical intervention, which was approved, medication request for Colace was documented as 100mg p.o. (by mouth) b.i.d. (two times per day) p.r.n. (as needed). The amount of Colace requested was not included. Utilization review dated 11-20-2014 certified all requested treatments including Colace. Request for authorization dated 07-22-2015, included request for extension of prior authorization of surgery-see authorization letter of 11-21-2014. The utilization review dated 08-24-2015, non-certified the request for Colace 100mg, due to quantity not specified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; PDR (http://www.drugs.com/mtm/docusate-oral-rectal.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The 39 year old patient complains of lower back pain, rated at 7/10, radiating to the left lower extremity along with numbness and tingling, as per progress report dated 08/17/15. The request is for Colace 100mg. There is no RFA for this case, and the patient's date of injury is 04/26/13. Diagnoses, as per progress report dated 08/17/15, included lumbar disc protrusion, lumbar disc bulge, lumbar myofascitis, and lumbar radiculopathy. Current medications included Naproxen, Tramadol and Protonix. The patient has been authorized to undergo a lumbar surgery, and is on modified duty, as per the same progress report. MTUS Chronic Pain Medical Treatment Guidelines 2009, page 77 under the heading: Therapeutic Trial of Opioids sections state that "... Prophylactic treatment of constipation should be initiated." ODG Guidelines, chapter 'Pain (Chronic)' and topic 'Opioid-induced constipation treatment', state "Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool". In this case, a request for Colace is first noted in progress report dated 10/15/14. The patient was approved for a lumbar surgery at that time and the treater requested Colace and Percocet for post-operative use. However, the patient got cold feet and did not proceed with the surgery. As per progress report dated 08/17/15, the patient is ready to undergo surgery now and has been authorized for it again. Although the report does not mention Colace, its use is possibly related to the surgical intervention again. MTUS recommends prophylactic treatment of constipation in patients taking opioids. Although the patient is using Tramadol, a new opioid, Percocet, is being initiated after the surgery. The use of Colace, therefore, appears reasonable. Hence, the request is medically necessary.