

Case Number:	CM15-0061665		
Date Assigned:	04/07/2015	Date of Injury:	06/12/2014
Decision Date:	05/06/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 37 year old male who sustained an industrial injury on 06/12/14. Initial complaints and diagnoses are not available. Treatments to date include a steroid injection in the left shoulder and rehab therapy. Diagnostic studies include a MRI of the left shoulder. Current complaints include left shoulder pain and stiffness. Current diagnoses include sprained left shoulder, probable recurrent labral tear, and impingement left shoulder. In a progress note dated 02/26/15 the treating provider reports the plan of care as follow-up with another provider regarding shoulder surgery. The requested treatment is Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg capsules, Qty 10, 1 capsule 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

Decision rationale: The claimant sustained a work-related injury in June 2014 and continues to be treated for left shoulder pain. Medications reference includes Tramadol 50 mg #30. Guidelines recommend treatment due to opioid-induced constipation, which is a common adverse effect of long-term opioid use and can be severe. In this case, there is no documentation of opioid-induced constipation. Therefore, Colace was not medically necessary.