

Case Number:	CM15-0064448		
Date Assigned:	04/10/2015	Date of Injury:	12/18/2009
Decision Date:	05/11/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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: Florida

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 57 year old female who sustained an industrial injury on 12/18/09. Initial complaints and diagnoses are not available. Treatments to date include medications and shoulder surgeries. Diagnostic studies include ultrasound and nerve conduction studies. Current complaints include bilateral knee pain. Current diagnoses include residual bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral elbow medial/lateral epicondylitis, and bilateral knee patellofemoral arthralgia and osteoarthritis. In a progress note dated 01/05/15 the treating provider reports the plan of care as medication including Butrans patch, Axid, and Colace, as well as possible cortisone injections or carpal tunnel release and bilateral knee replacements in the future. 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 #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 27, 68-69, 77-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy - chronic pain management Page(s): 77.

Decision rationale: According to MTUS guidelines, when starting opiate therapy, "prophylactic treatment of constipation should be initiated." This could be interpreted to mean that the patient should prophylactically increase high fiber foods, such as fruits and vegetables, and ensure adequate hydration in their diet to prevent constipation. Colace is an over the counter medication that helps prevent and treat constipation. For some individuals this is a reasonable option as well, but it is hardly a medical necessity. Especially since records do not indicate a failure of first line measures (dietary changes) to prevent constipation in this patient's case. Again, this medication can be purchased over the counter if indeed the patient cannot prevent constipation with dietary changes. This request is not considered medically necessary.