

Case Number:	CM15-0068099		
Date Assigned:	04/15/2015	Date of Injury:	04/09/2009
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/10/2015

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: Colorado

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 55 year old female who sustained an industrial injury on 04/09/2009 and cumulative trauma. Diagnoses include abdominal pain, acid reflux secondary to NSAIDs, constipation, sleep disorder, dysphagia, neck pain, bilateral upper extremity radiculopathy, bilateral carpal tunnel syndrome, bilateral shoulder rotator cuff syndrome, internal derangement of the right knee, anxiety and depression. Treatment to date has included diagnostic studies, surgery, medications, chiropractic sessions, physical therapy, and psychotherapy. A physician progress note dated 02/16/2015 documents the injured worker has unchanged dysphagia, abdominal pain, depression, anxiety, constipation and unchanged sleep quality. Abdomen is soft, non-distended and non-tender. Treatment plan is for medications and ultrasound of the abdomen. Treatment requested is for continued prescription Colace 100mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Tack & Muller-Lissner, on the treatment of chronic constipation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Efficacy and side-effect profiles of lactulose, docusate sodium, and sennosides compared to PEG in opioid-induced constipation: a systematic review." Can Oncol Nurs J. 2013 Autumn;23(4):236-46. Ruston T1, Hunter K2, Cummings G2, Lazarescu A3."How useful is docusate in patients at risk for constipation: A systematic review of the evidence in the chronically ill." J Pain Symptom Manage. 2000 Feb;19(2):130-6. Hurdon V1, Viola R, Schroder C."Constipation in adults." BMJ Clin Evid. 2010 Jul 5;2010. pii: 0413. Mueller-Lissner SA1, Wald A.

Decision rationale: The MTUS and ACOEM do not address the issue of stool softeners, so other research and recommendations consulted. Per Ruston, et.al. quality studies do not exist in any statistically significant quantity to determine the value of stool softeners/laxatives in treatment of opioid-induced constipation. Hurdon, et.al. likewise indicate paucity of quality evidence to support use of colace in the terminally ill and chronically ill. Mueller-Lissner and Wald also reviewed multiple studies and multiple methods of treating constipation, and found no supporting evidence for the use of stool softeners. For the patient of concern, there is no documentation supplied that indicates cause of patient's constipation, though she is at risk for opioid induced constipation. Also, there is no record of Colace use improving her constipation over time, though she has been taking for several months. Without evidence to support its use at all, and without documentation that its use has been effective, the request for Colace is not medically necessary.