

Case Number:	CM15-0070562		
Date Assigned:	04/20/2015	Date of Injury:	09/24/2009
Decision Date:	12/16/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/14/2015

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 38 year old female, who sustained an industrial-work injury on 9-24-09. A review of the medical records indicates that the injured worker is undergoing treatment for myofascial pain syndrome and repetitive strain and sprain injury cervical syndrome. Medical records dated (9-17-14 to 3-18-15) indicate that the injured worker complains of continued pain in the right shoulder especially with overhead activities. She continues with home exercise program (HEP). Treatment to date has included pain medication Tramadol, Naprosyn, Neurontin, Omeprazole, (Colace unknown amount of time), physical therapy, knee injections, Transcutaneous electrical nerve stimulation (TENS), chiropractic, psyche care and other modalities. The treating physician indicates that the urine drug test result was consistent with the medication prescribed. Per the treating physician report dated 3-18-15 the injured worker has not returned to work. The physical exam dated (9-17-14 to 3-18-15) reveals positive trigger points in the right trapezius, rhomboid, and paracervical muscles. There is decreased range of motion in the neck and right shoulder by 10 percent in all planes. There are no complaints related to constipation noted in the medical records. The requested service included Colace 100mg #60. The original Utilization review dated 4-9-15 non-certified the request for 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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Opioid-induced constipation treatment.

Decision rationale: The 38 year old patient complains right shoulder pain, as per progress report dated 03/18/15. The request is for Colace 100mg #60. There is no RFA for this case, and the patient's date of injury is 09/24/09. Diagnosis, as per progress report dated 03/18/15, included right rotator cuff syndrome. Medications included Naprosyn, Omeprazole and Trazodone. Diagnoses, as per progress report dated 09/17/14, included myofascial pain syndrome, repetitive strain injury of the right upper extremity, cervical strain, and right rotator cuff syndrome. Diagnoses, as per progress report dated 09/03/14, included probable right elbow and bilateral knee inflammatory arthropathy, and secondary right elbow and knee osteoarthritic changes and joint contractures. The patient is not working, as per progress report dated 03/18/15. MTUS, criteria for use of opioids section, page 77 regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." ODG Guidelines, Pain (Chronic) Chapter under Opioid-induced constipation treatment Section states: "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, many reports are handwritten and difficult to decipher. None of the reports discuss the use of Colace. It is not clear if this is the first prescription for the medication, and if the patient has used it in the past. There is no indication of opioid use or medication-induced constipation. The purpose of Colace is not evident. Hence, the request is not medically necessary.