

Case Number:	CM15-0092009		
Date Assigned:	05/18/2015	Date of Injury:	01/01/2008
Decision Date:	06/25/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/13/2015

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, 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 54-year-old male, who sustained an industrial injury on 1/1/2008. He reported low back pain. The injured worker was diagnosed as having lumbar spine multilevel disc bulge, lumbago, lumbar disc displacement, lumbar myofascitis, lumbar radiculitis, and lumbar radiculopathy. Treatment to date has included medication, a magnetic resonance imaging dated 10/21/2014 of the lumbar spine demonstrating spondylolisthesis, lumbar spine x-rays. The request is for Colace. On 1/22/2015, he complained of low back pain. He is noted to have positive Kemp's and Straight leg raise testing. The treatment plan included Tramadol ER, Norco, and urine drug screening. On 2/11/2015, he complained of low back pain, bilateral lower extremity pain, and groin pain. On 3/25/2015, he complained of low back pain, bilateral lower extremity pain and groin pain. He felt his pain had gotten worse. He rated his pain as 8/10, and indicated medications have given little improvement. He denied any bowel or bladder control loss. Examination findings included: sleep apnea, constipation, and kidney stones. The treatment plan included: lumbar x-rays, surgical fusion, and post-operative medications: Percocet, Gabapentin, Cyclobenzaprine, and Colace, and follow-up. The records do not indicate gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Prophylaxis Page(s): 78-79.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 77-78 recommend prophylactic treatment of opioid related constipation. Specifically, the following is state with regard to initiating Opioid Therapy: "(d) Prophylactic treatment of constipation should be initiated." In the case of this injured worker, there is documentation of opioid use. Although the frequency of bowel movements should be documented, the empiric use of laxative and stool softeners is appropriate medical treatment. Opioids have well known constipating effects, and these side effects do not have tolerance over time. Therefore, the use of this agent is medically necessary.