

<b>Case Number:</b>	CM14-0101454		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/22/2005
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available records this is a 52-year-old man who was injured on 4/22/2005 lifting paint. There is a request for authorization dated 6/16/14 from pain management physician for Neurontin, Prilosec, Zoloft, Ambien and Colace. A 1/7/14 report indicates patient had low back pain with numbness and tingling in the leg and problems with chest pain, diabetes and hypertension. The patient was also taking those medications at the time. A 2/25/14 report did not list the Colace as one of the current medications and mentioned in the subjective complaints that the patient did not need the Colace as he was not taking narcotics any longer. The 5/20/14 report again listed the Colace as a current medication. There is no mention in that report or any of the other reports that the patient was having complaints of constipation. On 5/20/14 the Colace 100 mg #60 with 4 refills was again prescribed. There was a mention of a positive CURES report for the patient getting medications from other doctors but no mention of when or what. None of the reports mention that the patient was actively taking any opiates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100MG #60 with 4 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://reference.medscape.com/drug/colace-dss-docusate-342012>.

**Decision rationale:** MTUS/Official Disability Guidelines do not address use of laxatives or stool softeners for treatment of chronic pain or constipation. Colace is a brand name of a medication called docusate which is in the class of laxatives and stool softeners. Since the medical records provided do not document that this patient has any problems actively with constipation or very hard stools there is no medical necessity to take the medication. Therefore, based upon the evidence and references, this is not considered to be medically necessary.