

Case Number:	CM13-0023482		
Date Assigned:	11/15/2013	Date of Injury:	05/04/2001
Decision Date:	01/02/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation 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 physician 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.

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 patient is a 56-year-old male who reported an injury on 05/04/2001. The mechanism of injury is not specifically stated. Current medications include OxyContin, Vicodin, and MiraLAX. The patient was seen by Dr. [REDACTED] on 09/05/2013. Physical examination was not provided. The patient was issued a refill prescription for OxyContin, and authorization was requested for MiraLAX for constipation which was directly related to narcotic analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sixteen (16) day supply of Polyethylene Glycol 3350 PDS 17gm Dose between 8/31/2013 and 10/14/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Opioid Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2013, Chronic Pain Chapter, Opioid-induced constipation treatment.

Decision rationale: California MTUS Guidelines recommend prophylactic treatment for constipation when opioid therapy is initiated. Official Disability Guidelines also recommend opioid induced constipation treatment. Opioid induced constipation is a common adverse effect of long-term opioid use. First line treatment includes increasing physical activity, maintaining

appropriate hydration, and advising the patient to follow a proper diet which is rich in fiber. As per the clinical notes submitted, there is no documentation of current medication side effects to include constipation. The patient's injury was 12 years ago to date and there was no documentation of a prophylactic treatment of constipation initiated prior to opioid management. There is also no evidence provided of a failure to respond to first line treatment. Based on the clinical information received, the request is non-certified.