

<b>Case Number:</b>	CM13-0054794		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	03/31/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Family Practice, 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. 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:

The patient is a 55-year-old male who reported an injury on 06/08/2012. The patient was reportedly injured when he was struck by a falling pole on the left side of his head and shoulder. The patient is currently diagnosed with cervical sprain and strain, neck pain, cephalgia, myofascial syndrome, chronic pain related insomnia, and tension headaches. The patient was seen by [REDACTED] on 07/23/2013. The patient reported radiating neck pain. Physical examination was not provided. Treatment recommendations included continuation of current medication including GAIA herbs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gaia herbs (laxative formula):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Medical Food, Opioid Induced Constipation Treatment.

**Decision rationale:** California MTUS Guidelines state prophylactic treatment of constipation should be initiated when initiating opioid therapy. Official Disability Guidelines state opioid

induced constipation treatment includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. As per the documentation submitted, the patient currently utilizes Gaia herbs as a laxative on an as needed basis. However, there is no documentation of chronic constipation or gastrointestinal complaints. There is also no indication of a failure to respond to first line treatment, as recommended by Official Disability Guidelines. The medical necessity for the requested medication has not been established. As such, the request is non-certified..