

Case Number:	CM13-0061377		
Date Assigned:	12/30/2013	Date of Injury:	11/07/2007
Decision Date:	04/18/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

The patient is a 41-year-old female who reported an injury on 11/07/2007 after she was unloading merchandise, which caused an onset of low back pain. The patient's treatment history included chiropractic care, epidural steroid injections, facet joint injections, heat treatment, ice treatment, massage treatment, physical therapy, a spinal cord stimulator implantation with subsequent removal secondary to infection, and a TENS unit. The patient's medication schedule included Duexis, Gralise, Cymbalta, fentanyl, docusate, MiraLAX, trazodone, Percocet, diazepam, and Klonopin. The patient's most recent physical evaluation documented that the patient had tenderness to palpation over the lumbar facets with a negative straight leg raising test bilaterally and restricted lumbar range of motion secondary to pain. The patient's diagnoses included depressive disorder, drug dependent chronic pain syndrome, lumbosacral neuritis, and lumbosacral disc degeneration. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF MIRALAX 8OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Initiating Therapy Page(s): 77.

Decision rationale: The Chronic Pain Guidelines recommend the prophylactic treatment of constipation for patients taking opioids for chronic pain. However, the clinical documentation does indicate that the patient is also taking other laxatives, and has been for an extended duration of time. There is no support that the patient needs to be taking two (2) laxatives. The patient's most recent review of systems did not document any complaints of vomiting, diarrhea, or constipation. Therefore, the need for MiraLAX 8 oz is not clearly indicated. As such, the requested one (1) prescription MiraLAX 8 oz is not medically necessary or appropriate.

ONE (1) PRESCRIPTION OF BIOFREEZE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter, Biofreeze cryotherapy gel

Decision rationale: The Official Disability Guidelines recommend this medication for acute exacerbations of chronic pain. The MTUS/ACOEM Guidelines recommend the application of cold packs to assist with pain management. There is no documentation that the patient has failed to respond to cold pack application and would require a medication such as Biofreeze. Additionally, there is no documentation that the patient is experiencing an acute exacerbation of chronic pain. As such, the requested one (1) prescription of Biofreeze is not medically necessary or appropriate.