

Case Number:	CM14-0003438		
Date Assigned:	01/31/2014	Date of Injury:	11/07/2001
Decision Date:	08/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records, presented for review, indicate that this 57-year-old female was reportedly injured on November 7, 2001. The mechanism of injury was noted as a sudden stop while driving. The most recent progress note, dated December 5, 2013, indicated that there were ongoing complaints of neck pain radiating to both upper extremities. Previous notes indicate complaints of abdominal cramping. Current medications include Soma, MiraLax, Phenergan, Roxicodone, Kadian, Lidoderm Patches, Voltaren, and Doxepin. The physical examination demonstrated tenderness along the cervical spine with decreased range of motion secondary to pain. Some atrophy was noted at the right shoulder along with swelling and the presence of a surgical scar. There was decreased right shoulder range of motion. Diagnostic imaging studies are not reviewed during this visit. A request was made for MiraLax and was not certified in the pre-authorization process on December 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MIRALAX (POLYETHYLENE GLYCOL 3350) #527: Overturned

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
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603032.html>.

Decision rationale: According to the attached medical record, the injured employee was prescribed opioid medications, which have in common the side effect of constipation. MiraLax is a medication used to treat occasional constipation. Therefore, this request for MiraLax is medically necessary.