

Case Number:	CM14-0005376		
Date Assigned:	06/25/2014	Date of Injury:	06/14/1999
Decision Date:	07/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/13/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; earlier lumbar spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 2, 2014, the claims administrator approved a request for morphine, Norco, Flexeril, and Colace while denying a request for MiraLax. However, the claims administrator did document in its utilization review report that the applicant had issues with constipation which were alleviated by MiraLax and Colace. The claims administrator did not cite any guidelines in its denial for MiraLax but stated that it felt usage of one laxative alone would likely suffice. The applicant's attorney subsequently appealed. A June 19, 2014 progress note was notable for comments that the applicant was having ongoing issues with chronic pain syndrome. The applicant was semiambulatory and was using a scooter. The applicant was apparently experiencing constipation with opioid medications, including morphine and Norco. The attending provider stated that the applicant's constipation issues were alleviated with MiraLax and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17 gm #527: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is experiencing actual constipation with two separate opioids, morphine and Norco. Ongoing usage of MiraLax, a laxative, to combat the same, is indicated. Therefore, the request for Miralax 17 gm #527 is medically necessary and appropriate.