

<b>Case Number:</b>	CM14-0006715		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	12/18/2006
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 patient is a 66-year-old male who has submitted a claim for unspecified quadriplegia, lumbago, displacement of lumbar disc without myelopathy associated with an industrial injury date of 12/18/06. The medical records from 2012-2013 were reviewed which revealed persistent spasticity of lower extremities with moderate intensity. Activities of daily living aggravate the underlying symptoms. Physical examination showed tenderness in the paravertebral muscles of the lumbar spine. Range of motion of lumbosacral spine was not performed due to wobbliness of the legs. Manual muscle testing (MMT) of left and right lower extremities were 4/5. Hoffman's test was negative. The treatment to date has included, intrathecal baclofen, intrathecal morphine and physical therapy sessions. The medications taken include, Lyrica, Morphine Sulfate and Clonazepam. A Utilization review from 12/18/13 certified Docusate Senna 50/86 mg and Lyrica 100mg. Golitely 240ml was denied. Regarding Docusate Senna it was approved because it addressed the constipation and gastroparesis associated with his quadriplegia. It decreased the severity of constipation. Regarding Lyrica, it was certified because it addressed the neuropathic component of pain associated with musculoskeletal injury. Lastly, Golutely was denied because there was no evidence of a gastrointestinal procedure that is being planned that would require this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GOLUTELY 240 ML EVERY 10 MINS #1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Polyethylene Glycol 3350/Electrolytes (by mouth): <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0011781/?report=details>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000241>.

**Decision rationale:** As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, for opioid therapy, prophylactic treatment of constipation should be initiated. As stated on National Library of Medicine, Polyethylene glycol 3350 is used to treat occasional constipation. It is a class of medication under osmotic laxatives. In this case, the patient's progress report dated 9/30/13 mentioned that he was prescribed Golutely, a brand name of Polyethylene glycol to assist him in his constipation associated with opioid use. The patient was able to have bowel movement after its use. In addition, it lessened his discomfort secondary to constipation. The medical necessity has been established. Therefore, the request for Golutely 240ml every 10 minutes, #1 is medically necessary.