

Case Number:	CM14-0108195		
Date Assigned:	08/22/2014	Date of Injury:	09/12/2011
Decision Date:	10/02/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/11/2014

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 12, 2011. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for MiraLax. Despite documenting ongoing issues with constipation associated with MiraLax, the claims administrator denied the request on the grounds that the attending provider had failed to document concurrent usage of opioids. The patient's attorney subsequently appealed. In a May 19, 2014 medical-legal evaluation, the patient was given permanent work restrictions. It was stated that the patient had issues with irritable bowel syndrome and was status post a laparotomy. It was noted on page 13 of the medical-legal report that the patient was using Norco, an opioid agent. It was also stated that the patient was using laxatives to help regularize/improve his bowel movements. In a June 9, 2014 medical-legal evaluation, the patient was given a 23% whole person impairment rating, primarily associated with the spine. MiraLax was apparently endorsed at various points in time, including on December 16, 2013 and on February 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17GR to 250ML #60: Overturned

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

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 who have been prescribed opioid agents. In this case, the applicant is apparently concurrently using Norco, an opioid agent, and is, furthermore, reporting ongoing issues with constipation, either opioid-induced or secondary to irritable bowel syndrome. Provision and/or ongoing usage of MiraLax to combat the same is indicated. Therefore, the request is medically necessary.