

<b>Case Number:</b>	CM14-0010597		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Internal 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 47-year-old male with a 2/5/99 date of injury. The mechanism of injury was unknown. An evaluation on 12/19/13 confirmed the patient had achieved a moderate degree of pain relief and was maintaining activities of daily living and performing home exercises. On examination, there was tenderness and restricted lumbar range of movements with motor weakness in both lower extremities and diminished sensations in the left lower extremity indicative of chronic residual radiculopathy. The patient had ambulatory difficulty and opioid induced constipation. Diagnostic impression: chronic intractable pain, status post intrathecal pump implantation, failed back syndrome with chronic lumbar symptoms. Treatment to date: medication management, activity modification. A UR decision dated 1/15/14 denied the request for Miralax. Neither the standard of practice nor the guidelines support the role of multiple laxatives simultaneously. The patient is at risk of developing loose bowel movements, loss of fluid, and electrolyte balance. It would be appropriate for the provider to utilize one laxative agent and monitor the effect appropriately. Additionally, the follow-up report submitted does not indicate the purpose or reasons for prescribing multiple laxative agents simultaneously.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MIRALAX PACK, 1 PACK AS NEEDED, #5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Anti-epilepsy drugs, Opioids Page(s): 77, 16, 18, 74-97.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: National Library of Medicine.

**Decision rationale:** The National Library of Medicine states that Polyethylene glycol 3350 is used to treat occasional constipation. Medical practice standards of care would make it reasonable to obtain specific prescriptions identifying ingredients, dosage, and frequencies, as well as continued presence of indications, absence of side effects, and reported response to previous treatment to support medication refills. The progress reports reviewed indicate that the patient has been on Colace as well as Miralax to treat his chronic constipation. Colace is a stool softener, and Miralax is a stimulant laxative, and the combination has been effective in treating his opiate-induced constipation. Therefore, the request for Miralax pack, 1 pack as needed, #5 was medically necessary.