MAXIMUS Federal Services

Case Number:	CM14-0113145		
Date Assigned:	08/29/2014	Date of Injury:	04/09/2012
Decision Date:	10/08/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 29-year-old male who sustained an injury on 10/06/09; CT: 07/01/08 to 04/04/12. On 05/23/14, he complained of pain in the lumbar spine, right hand, and fingers of right hand. He was prescribed analgesic and anti-inflammatory medications. He had abdominal pain, acid reflux, nausea, diarrhea, constipation, melena, and bright blood per rectum in 2012. Abdominal exam revealed 1+ tenderness to palpation. Spine exam revealed tenderness to palpation over the thoracic spine and lumbosacral spine. MRI of the lumbar spine done on 05/24/14 revealed congenitally short pedicles mid to lower lumbar levels; L3-L4 and L4-L5 with small central protrusions and moderate posterior element hypertrophy and borderline spinal stenosis; and L5-S1 with mild broad-based annular bulge with probable small focal bilateral foraminal protrusions and moderate posterior element hypertrophy and mild-moderate bilateral foraminal narrowing. MRI of the pelvis done on 05/14/12 was normal. Current medications were tramadol, cyclobenzaprine, Advil, Prilosec, Citrucel, and MiraLax and topical creams. He was advised to discontinue NSAIDs and follow a low-acid and low-fat diet. He underwent physical therapy in 2012, which helped the right hip. Mid back pain was rated at 5-9/10 on 04/09/12. On 10/09/13, he developed a lot of stomach pain. MiraLax was previously requested on 05/23/14. Diagnoses: Abdominal pain, acid reflux, constipation/diarrhea and bright red blood per rectum.The request for MiraLax #1 bottle, 17 grams was denied on 06/26/14 in accordance with medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax #1 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioid induced constipation

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, initiation of therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter

Decision rationale: Per ODG, Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. First-line: there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. In this case, the medical records do not document the above measures have been carried out. Moreover, no significant constipation requiring medication management is anticipated with Tramadol, a weak mu receptor antagonist. Besides, there is documentation of abdominal pain, acid reflux, nausea, diarrhea, constipation, melena, and bright blood per rectum; there is little to no evidence of a detailed assessment in order to identify the cause(s) of the above GI symptoms in this IW. Therefore, the medical necessity of the request is not established based on the available clinical information.