

<b>Case Number:</b>	CM14-0127688		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine surgery and is licensed to practice in New Hampshire, New York and Washington. 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 date of injury February 5, 1999. He's diagnosed with chronic low back pain. The patient takes Dilaudid. The medical records indicate that there is a recommendation for reduction and discontinued opioid medication. The patient continues to have chronic low back pain. The patient had a pain pump placed for management of chronic low back pain. The patient's diagnosis is failed back syndrome with chronic back pain. The patient is awaiting pump explanation. At issue is whether MiraLAX is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 63, 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** MiraLAX is a medication use to deal with constipation. Constipation is a side effect of chronic opioid use. Although this patient is attempting to wean off of narcotic use, and this is typically done over a period of time. MiraLAX medication is used for prophylactic treatment of constipation and supported by guidelines for patients with chronic opioid use. This

patient meet establish guidelines for the use of MiraLAX medication because he is weaning off narcotics and will be affected by constipation symptoms of the narcotics during the weaning. Therefore MiraLAX is medically necessary and criteria for MiraLAX use met.