

Case Number:	CM14-0147376		
Date Assigned:	09/15/2014	Date of Injury:	09/12/2011
Decision Date:	11/18/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/10/2014

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 Preventive 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:

According to the records made available for review, this is a 25-year-old male with a 9/12/11 date of injury and status post abdominal surgery (undated). At the time (8/1/14) of request for authorization for Miralax 17gr to 250ml #60, there is documentation of subjective (low back pain with stiffness, weakness, and numbness; abdominal pain, and chronic worsening constipation) and objective (tenderness to palpation over the lumbar spine with spasms, decreased lumbar range of motion, and decreased strength of the bilateral lower extremities) findings, current diagnoses (lumbar sprain/strain, backache, sciatica, and constipation), and treatment to date (activity modification and physical modalities). Medical reports identify a history of irritable bowel syndrome with chronic constipation.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, NIH, <http://dailymed.nlm.nih.gov>

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: (<http://www.webmd.com/drugs/drug-17116-Miralax+Oral.aspx?drugid=17116&>)

Decision rationale: MTUS and ODG do not address this issue. Per guidelines, Miralax as an osmotic-type laxative used to treat occasional constipation. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain/strain, backache, sciatica, and constipation. In addition, there is documentation of a history of abdominal surgery, irritable bowel syndrome, and subjective findings of chronic worsening constipation. Therefore, based on guidelines and a review of the evidence, the request for Miralax 17gr to 250ml #60 is medically necessary.