

<b>Case Number:</b>	CM14-0147692		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	07/05/1993
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 63-year-old male who reported an injury on 07/05/1993. The mechanism of injury was not provided. The injured worker's diagnoses included lumbago with sciatica, right hip pain, and left shoulder rotator cuff tear. The injured worker's past treatments included medications and psychiatric therapy. On the clinical note dated 07/31/2014, the injured worker complained of right hip pain, right knee pain, low back pain, and bilateral leg numbness and pain. The injured worker had lumbar range of motion with flexion at 10 degrees, right and left lateral to 0 degrees, and extension with pain. On the clinical note dated 07/10/2014, the injured worker's medications included Depakote 500 mg (4 times a day), Remeron 60 mg (in divided doses), Prilosec 20 mg (3 to 4 times a day as needed), and Ambien 10 mg (as needed for sleep). The request was for Polyethylene Glycol 3350 Powder for Oral Solution, Dissolve 1 Capful In 8 Ounces Of Water and Drink twice per day #660 gm; Refills: 3. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polyethylene Glycol 3350 Powder for Oral Solution, Dissolve 1 Capful In 8 Ounces Of Water and Drink twice per day #660 gm; Refills: 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
LAXATIVES Page(s): 77.

**Decision rationale:** The request for Polyethylene Glycol 3350 Powder for Oral Solution, Dissolve 1 Capful In 8 Ounces Of Water and Drink twice per day #660 gm; Refills: 3 is not medically necessary. The injured worker is diagnosed with lumbago with sciatica, right hip pain, left shoulder rotator cuff tear, and right knee osteoarthritis. The injured worker complains of right hip pain, right knee pain, low back pain, and bilateral leg numbness and pain. The California MTUS Guidelines recommend prophylactic treatment of constipation should be initiated with opioid management. There is a lack of documentation indicating the injured worker has opioid management. There is a lack of documentation indicating prescribed medications that would cause side effect of constipation to warrant the prophylactic usage of polyethylene glycol powder. As such, the request for Polyethylene Glycol 3350 Powder for Oral Solution, Dissolve 1 Capful In 8 Ounces Of Water and Drink twice per day #660 gm; Refills: 3 is not medically necessary.