MAXIMUS Federal Services

Case Number:	CM14-0153154		
Date Assigned:	09/23/2014	Date of Injury:	01/01/2001
Decision Date:	11/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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 53 year old male who was injured on 01/01/2001 while assisting an intoxicated person to their feet who weighed 373 lbs. Prior treatment history has included home exercise program, medications, and physical therapy. Encounter note dated 08/20/2014 states the patient complained of chronic pain which radiates into the neck, arms, low back and into the right leg and foot. On exam, there were no significant objective findings documented. He is noted to have constipation due to pain medication and he is prescribed polyethylene Glycol 3350 and Subsys 600 mcg. Prior utilization review dated 08/28/2014 states the request for Polyethylene Glycol 3350 oral powder #238 with 2 refills; and Subsys 600mcg #60 is denied as the medical necessity is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polyethylene Glycol 3350 oral powder #238 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Take Before a Therapeutic Trial of Opioids Page(s): 77.

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.nlm.nih.gov/medlineplus/druginfo/meds/a603032.html

Decision rationale: The guidelines recommend polyethylene glycol for the treatment of intermittent constipation. The clinical notes document the patient has opioid induced constipation. However, there was an inadequate discussion of previous conservative therapy which has failed. It is not evident from the documents provided if the patient has failed diet, hydration, and stool softeners. It appears the patient has been on polyethylene glycol but the response to therapy was not sufficiently discussed. Additionally, it is unclear why such a large number of packets were requested with 2 refills. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

Subsys 600 mcg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Patients with chronic pain are generally on a long acting agent along with a short acting agent for breakthrough pain. The clinical documents show that the patient is on long acting MS Contin and short acting Oxycodone for breakthrough pain. It is unclear why an additional opioid is required to the above regimen. Additionally, the request did not include a route of administration or frequency of dosing. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.