

<b>Case Number:</b>	CM14-0163021		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 and is licensed to practice in New York. 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 29 year-old man who sustained an injury to his left thumb. He is status post flexor-tendon and nerve repair. He has complaints of constant severe low back pain described as sharp and stabbing. Orthopedic reevaluation in August 2013 was notable for continued complaints of limited functionality and range of motion with respect to the left thumb. The patient complains of pain in the left shoulder overlying the scapular region. Physical examination shows the wound on the left thumb, incision site, is well-heeled. There are no signs or symptoms of infection. Cervical spine examination was notable for tenderness to palpation over the paracervical muscles. There will muscle spasms noted. MRI of the right and left knees showed meniscal tears. The diagnoses were musculoligamentous strain of the cervical spine; and laceration of the flexor tendon of the thumb with damage to the nerve; bilateral meniscal tears; depressive disorder and gastro-esophageal reflux. There were no complaints of constipation in the medical record nor was there a diagnosis of constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription request for MiraLax powder #1:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 77.

**Decision rationale:** The request from the MiraLax powder was not medically necessary. MiraLax may be used as part of a prophylactic treatment plan for constipation. The medical record demonstrates there were no complaints of constipation. There was no documented diagnosis of constipation. Additionally there was no other documentation of concurrent laxative use. The request for MiraLax is not consistent with the MTUS guidelines noted. Based on the clinical information, absence of documented complaints of constipation in the medical record in conjunction with the evidence-based, peer review guidelines the request for MiraLax is not medically necessary.