

Case Number:	CM14-0043486		
Date Assigned:	06/20/2014	Date of Injury:	10/21/1997
Decision Date:	08/05/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 Maryland. 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 employee was a 53 year old female who was being followed for fibromyalgia, depression and insomnia. The date of injury was 10/21/1997 and the mechanism of injury is not clearly given in the medical records provided. According to the medico legal evaluation report from the Psychologist dated March 19, 2004, pertinent medical history included Raynaud's syndrome, fibromyalgia, major depression, generalized anxiety disorder and chronic pain disorder. Her evaluation and treatment included Psychotherapy, Rheumatology consultation, home exercises and her medications included topical analgesics, Lunesta, Lyrica, Prevacid, Wellbutrin, Procardia, iron supplement and stool softener. Her symptoms were constant pain in her upper and lower back, neck, shoulders arms, wrists, hands, fingers, hips, legs, feet and toes, depression, crying episodes, lack of motivation, weight loss, diarrhea, constipation, difficulty maintaining sleep and fatigue. The progress notes from Rheumatology consultant from the visit dated 10/29/2013 was reviewed. The subjective complaints included total body pain, chronic fatigue and problem sleeping. Also reported was morning gel phenomenon for minutes without new joint swelling along with aching in cold weather and more low back pain and left sided sciatica symptoms. Pertinent objective findings included pink finger tips, normal neurological examination and absence of joint swelling. The diagnoses included myalgia and myositis, Raynaud's syndrome and lumbar disc displacement. The plan of care included exercise, stretching, back exercises, topical medications, Procardia, Glycerin suppository, Lunesta, Lyrica, Prevacid, Ferrous sulphate. The request was for Glycerin suppository.

IMR ISSUES, DECISIONS AND RATIONALES

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

Glycerin Suppository 2gm daily #3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines prophylactic treatment of constipation should be initiated Page(s): 77.

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

Decision rationale: The employee was being treated for fibromyalgia, depression and insomnia. The MTUS guidelines recommend using prophylactic treatment for constipation when Opioids are used. Also Glycerin suppository is a hyperosmotic agent that is used as a laxative as needed for constipation. The medical records available for review do not list Opioids as one of the medications prescribed which would necessitate prophylactic treatment. The employee was already on stool softeners and the available progress notes from the treating provider do not list constipation as a symptom or diagnosis. Hence the medical necessity for Glycerin suppository is not met. Therefore is not medically necessary.