

Case Number:	CM14-0044956		
Date Assigned:	07/02/2014	Date of Injury:	07/15/2000
Decision Date:	08/12/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/12/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 50-year-old male with a 7/15/00 date of injury, and status post lumbar fusion in 2004. At the time (3/27/14) of request for authorization for Miralax 17mg/dose oral powder, two bottles and Norco 10/325MG, 120 count, there is documentation of subjective (elevated levels of low back pain with constant bilateral lower extremity pain that is not managed as well with Norco compared to Vicodin ES and constipation that is treated with Miralax) and objective (no loss of coordination and does not appear to be impaired by his medications) findings, current diagnoses (lumbar failed back syndrome, lumbar spine pain, lumbar degenerative disc disease, fibromyalgia/myositis, and unspecified neuralgia neuritis and radiculitis), and treatment to date (medications (including ongoing treatment with Miralax and Norco)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17mg/dose oral powder, two bottles: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (<http://www.webmd.com/drugs/drug-17116> Miralax+Oral.aspx?drugid=17116&).

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies Miralax as an osmotic-type laxative used to treat occasional constipation. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic pain to low back, right hip, lower extremity, and neck. In addition, there is documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Miralax 17mg/dose oral powder, two bottles is medically necessary.

Norco 10/325mg,120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar failed back syndrome, lumbar spine pain, lumbar degenerative disc disease, fibromyalgia/myositis, and unspecified neuralgia neuritis and radiculitis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg, 120 count is not medically necessary.