

<b>Case Number:</b>	CM14-0046651		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Medicine and is licensed to practice in Florida. 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 61-year-old male with reported date of injury of 07/10/2007. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, cervicgia/neck pain, and facet syndrome. His previous treatments were noted to include occipital nerve block, trigger point injections, medications, and surgery. The progress note dated 10/08/2013 revealed the injured worker reported aching or sharp neck pain, which occurred most of the time. The provider indicated when the pain increased, it radiated down the shoulders and forearms with numbness to the forearms. His medications were noted to include Norco, Prilosec, Aleve, Xanax, Lidocaine patches, hydrochlorothiazide, and simvastatin, docusate sodium, or Sennalex, Viagra, fish oil and MiraLax, and Opana ER. The physical examination revealed grip strength was noted to be diminished. The range of motion to the upper extremities noted full range of motion. The neurological examination revealed negative testing. The examination of the cervical spine and upper torso revealed muscle spasms on the paracervical area and tenderness on the posterior occipital region, left greater than right, on both lateral shoulders, paravertebrals, and upper trapezii. There was a diminished range of motion to the neck and full range of motion to the shoulders. There was no shoulder impingement noted and no bicipital tendinitis. The Request for Authorization form was not submitted within the medical records. The request was for MiraLax powder 17 gm with 3 refills due to medication-induced constipation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax powder 17g with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy, page 77 Page(s): 77.

**Decision rationale:** The injured worker has been utilizing this medication since 08/2013. The California Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation when initiating opioids. There was not a recent, adequate, complete assessment submitted within the medical records. The last progress note was from 08/2013, and there is a lack of documentation regarding current medication such as opioid utilization, to warrant MiraLax powder. Additionally, the request failed to provide the frequency at which this medication is to be utilizing. Therefore, the request is not medically necessary and appropriate.