

Case Number:	CM14-0091587		
Date Assigned:	07/25/2014	Date of Injury:	07/11/2008
Decision Date:	09/29/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/17/2014

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 Occupational Medicine, has a subspecialty 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mid back pain, and low back pain reportedly associated with an industrial injury of July 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; interventional spine procedures; and opioid therapy. In a Utilization Review Report dated June 6, 2014, the claims administrator approved a request for Colace, denied a request for MiraLax, and denied a request for senna. The claims administrator stated that the attending provider had not made a compelling case for usage of several stool softeners and laxatives. In the Utilization Review Report, the claims administrator reported that the applicant was using Butrans and Norco, opioid agents. The applicant's attorney subsequently appealed. In a February 24, 2013 progress note, the applicant was asked to remain off of work indefinitely. Persistent complaints of multifocal neck, upper back, bilateral upper extremity pain were reported. The applicant was asked to continue an H-Wave device. Medication selection was not detailed on this occasion. On December 23, 2013, the applicant again reported multifocal pain complaints. The applicant was again asked to remain off of work indefinitely. The attending provider suggested continuing an H-Wave device on the grounds it had reportedly profited the applicant.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Miralax: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.Com <http://www.drugs.com/miralax.html>.

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is in fact, using a variety of opioids, including Butrans and Norco. Concurrent introduction and/or ongoing usage of MiraLax to combat any issues with opioid-induced constipation is, by implication, indicated. Therefore, the request is medically necessary.

60 Tablets of Senna: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.Com <http://www.drugs.com/senna.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 7, 77.

Decision rationale: While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic initiation of treatment for constipation in applicants who are using opioids, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should "tailor medications" to the specific applicant taking into consideration applicant-specific variables such as "other medications." In this case, the applicant is concurrently using a second laxative agent, MiraLax, as well as a stool softener, Colace. It is unclear why the applicant needs to use a second laxative agent, senna. The progress notes on file did not establish a compelling basis for usage of senna in conjunction with MiraLax. The attending provider did not state, for instance, that usage of one laxative alone was proving inadequate or insufficient here. Therefore, the request is not medically necessary.