MAXIMUS Federal Services

Case Number:	CM15-0003297		
Date Assigned:	01/14/2015	Date of Injury:	01/01/2013
Decision Date:	03/23/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 23-year-old male who reported an injury on 01/01/2013. The mechanism of injury involved repetitive heavy lifting. The current diagnosis is constipation. The only physician progress report submitted by the internal medicine physician is documented on 11/19/2014. The injured worker presented with reports of effectiveness of the bowel hygiene program. Objective findings included abdominal tenderness. The injured worker was instructed to continue with the current bowel hygiene program. A Request for Authorization form was submitted on 11/19/2014 for docusate 250 mg, MiraLAX, and Kristalose 10 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate 250mg QTY: 100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines recommend simple treatment including increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. While it is noted that the injured worker maintains a diagnosis of constipation, the medical necessity for 3 separate stool softeners has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Miralax 1 bottle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines recommend simple treatment including increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. While it is noted that the injured worker maintains a diagnosis of constipation, the medical necessity for 3 separate stool softeners has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Kristalose 10mg 1 pack QTY: 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines recommend simple treatment including increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. While it is noted that the injured worker maintains a diagnosis of constipation, the medical necessity for 3 separate stool softeners has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.