

Case Number:	CM15-0007209		
Date Assigned:	01/26/2015	Date of Injury:	01/04/2008
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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 54-year-old female who reported an injury on 01/04/2008. The mechanism of injury was picking up a bin. The diagnoses include depressive disorder, low back pain, lumbosacral disc degeneration, and myofascial pain syndrome. The treatment options completed thus far were noted to include TENS unit, activity restriction, and aquatic therapy. The clinical note dated 11/21/2014 noted the injured worker was being seen for continued complaints of low back pain averaging 8/10. At the time, it was noted the injured worker's current medications included gabapentin, tizanidine, omeprazole, Senna Laxative, Flector patches, Metamucil packet, Wellbutrin, hydrocodone/acetaminophen, lactulose, nortriptyline, Benadryl, and Ambien. It was also noted at that time that the injured worker had constipation that was improved slightly with the use of lactulose. On physical examination, the injured worker was noted to walk with a slow erect antalgic gait. Under the treatment plan, it was noted that the physician was requesting a refill for lactulose with addition of Miralax 17g by mouth daily due to severe complications secondary to pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17g daily: 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, criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: According to the California MTUS Treatment Guidelines, prophylactic treatment of constipation should be initiated at the same time that opioid medications are given. The Official Disability Guidelines also state that when prescribing an opioid, initiation of prophylactic treatment of constipation should be started should include increased physical activity, maintaining appropriate hydration by drinking plenty of water, and advising patient to follow proper diet that is rich in fiber; consideration for a laxative should occur when these treatments do not work . It was noted in the documentation that the injured worker was prescribed lactulose which had helped improve the injured worker's constipation. While the treatment guidelines do recommend prophylactic treatment of constipation, there is no information regarding which specific laxative should be used or which combination of products is considered appropriate. As there is documentation that the injured worker has achieved improvement with the use of lactulose, additional prophylactic treatments of constipation is not appropriate. Additionally, it was noted that a high fiber diet had also been encouraged. However, it remains unclear whether the patient has been following the diet plan. Therefore, the request for Miralax 17 g is considered not medically necessary.