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| <b>Case Number:</b>   | CM15-0011004 |                              |            |
| <b>Date Assigned:</b> | 02/13/2015   | <b>Date of Injury:</b>       | 01/31/2005 |
| <b>Decision Date:</b> | 04/08/2015   | <b>UR Denial Date:</b>       | 12/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/20/2015 |

### 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 45-year-old female who reported injury on 01/31/2005; the mechanism of injury was not specified. Her past treatments include medications, psychology and dermatology. Her diagnoses include GERD, constipation, fibromyalgia, alopecia/rosacea and psychiatric diagnoses. On 12/03/2014, the injured worker reported no new complaints at this time; indicated that tramadol and tizanidine had shown efficacy, and treated her fibromyalgia pain. The injured worker also denied any nausea or vomiting, dysphasia, odynophagia, anorexia, fevers, chills or night sweats. The injured worker also denied rectal bleeding, and noted constipation has been controlled with MiraLAX and Colace. Her relevant medications were noted to include tramadol, tizanidine, MiraLAX and Colace. The treatment plan included MiraLAX and tramadol for treatment of constipation and fibromyalgia pain. A Request for Authorization form was submitted on 12/11/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management

of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core, 2009 Oct. p.51.

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

**Decision rationale:** The request for MiraLAX is not medically necessary. According to the California MTUS Guidelines, prophylactic treatment of constipation should be initiated for patients on opioid regimens. The injured worker noted that MiraLAX helped to control constipation. However, the request as submitted failed to specify a frequency, dosage and duration. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

**Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

**Decision rationale:** The request for tramadol is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring of chronic pain patients on opioids include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. There was lack of documentation in regard to objective functional improvement, objective decrease in pain, and evidence in monitoring for side effects and aberrant drug related behaviors. In addition, the request as submitted failed to specify a frequency, dosage and quantity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.