

Case Number:	CM15-0015978		
Date Assigned:	02/04/2015	Date of Injury:	03/16/2004
Decision Date:	04/01/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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

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:

This 45-year-old man sustained an industrial injury on 3/16/2004. The mechanism of injury is not detailed. Treatment has included oral medications. Physician notes dated 12/15/2014 show gastrointestinal system within normal limits checked off, then constipation. All medications were noted to be refilled. No further details are available. On 12/31/2014, Utilization Review evaluated prescriptions for Colace 100 mg #60 with two refills and Miralax with two refills, that were submitted on 1/27/2015. The UR physician noted that the worker is no longer taking opioid analgesics. Further, there is no documentation of constipation. The guidelines cited only support the use of laxatives and stool softeners to resolve medication induced constipation. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription for Colace 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre.

Hypertension.Clinical Management of Primary Hypertension in Adults. London (UK): National

Institute for Health and Clinical Excellence (NICE); 2011 Aug. 36 p. (Clinical Guideline; no. 127).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: The patient was injured on 03/16/04 and presents with low back pain which radiates down the bilateral lower extremities, dizziness, constipation, bowel dysfunction, nausea, and difficulty sleeping. The request is for COLACE 100 MG #60 WITH 2 REFILLS. There is no RFA provided and the patient's work status is unknown. The report with the request is not provided either. MTUS Guidelines pages 76- 78 discusses prophylactic medication for constipation when opiates are used. The records do not show any history of prior Colace use. Current medications are not provided in the medical reports provided for review. MTUS Guidelines allows for prophylactic use of medication for constipation when opiates are taken. Due to lack of documentation of any medications, the requested Colace IS NOT medically necessary.

Prospective Request for 1 Prescription for Miralax with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre. Hypertension.Clinical Management of Primary Hypertension in Adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2011 Aug. 36 p. (Clinical Guideline; no. 127).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77.

Decision rationale: The patient was injured on 03/16/04 and presents with low back pain which radiates down the bilateral lower extremities, dizziness, constipation, bowel dysfunction, nausea, and difficulty sleeping. The request is for MIRALAX WITH 2 REFILLS. There is no RFA provided and the patient's work status is unknown. The report with the request is not provided either. MTUS Chronic Pain Medical Treatment Guidelines, page 77 under the heading: Therapeutic Trial of Opioids, Initiating Therapy states that when initiating a trial of opioids, that "Prophylactic treatment of constipation should be initiated." The records do not show any history of prior Miralax use. Current medications are not provided in the medical reports provided for review. Although the treating physician may be requesting constipation medication in anticipation of side effects to opioid therapy, there are no opioids listed. Therefore, the requested Miralax IS NOT medically necessary.