

Case Number:	CM15-0187491		
Date Assigned:	09/29/2015	Date of Injury:	11/19/2008
Decision Date:	11/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/23/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 71 year old male with a date of injury on 11-19-08. A review of the medical records indicates that the injured worker is undergoing treatment for multiple orthopedics symptoms, chronic pain, post-traumatic stress disorder, anxiety, depression and insomnia. Progress report dated 8-20-15 reports he is receiving narcotics. Progress report dated 9-10-15 reports follow up visit for stress and many related work injuries. His stress and anxiety have worsened. He has an upcoming appointment with a gastroenterologist on 9-25-15. The medications are not helping. He needs Nexium, Colace and Miralax refilled. Objective findings: appears somewhat stressed. According to the medical records as of 11-21-08, medications include: Vicodin for occasional pain, Senecot, docusate and levothyroxine. Request for authorization dated 9-10-15 was made for Miralax 17 gm with 3 refills. Utilization review dated 9-17-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Miralax 17gm with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference, under Miralax.

Decision rationale: This claimant was injured in 2008 with multiple orthopedic symptoms, chronic pain, post traumatic stress disorder, anxiety, depression, and insomnia. There is stress. Per the Physician Desk Reference, this is a medicine used for constipation, and it is an osmotic laxative. It is another name for polyethylene glycol 3350. There are no significant signs of constipation noted, and there is no mention of trials of other measures, such as fiber in the diet, to address any issues if they were present. Also, as prescribed, this would be a chronic usage, which could be detrimental to the patient's own ability to defecate without medicinal support. The request is not medically necessary.