

Case Number:	CM15-0022209		
Date Assigned:	02/11/2015	Date of Injury:	02/21/1997
Decision Date:	03/31/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 62 year old female sustained an industrial injury on 2/21/97, with subsequent ongoing chronic neck, back, bilateral upper and lower extremity pain and occipital migraine headaches. In an office visit dated 10/20/14, the physician noted that the injured worker's knees were getting worse with upcoming plans for bilateral knee replacements. The physician noted that the injured worker appeared to be in pain. Physical exam was remarkable for a limping gait, lungs clear to auscultation, heart with regular rate and rhythm and non-tender abdomen with normal bowel sounds. Current diagnoses included hypertension, peptic ulcer disease, gastroesophageal reflux disease, asthma, allergies, urticaria, glucose intolerance, detached retina, chronic pain syndrome, orthopedic diagnoses, cervical radiculitis, lumbar radiculopathy, bilateral carpal tunnel syndrome, bilateral knee pain, bilateral shoulder pain, osteoarthritis, migraines, left shoulder bursitis, diabetes mellitus and psychiatric issues. Current medications included ProAir, Advair, albuterol, Prilosec, Gaviscon, Carafate, Toprol, Norvasc, Lisinopril, Tricor, Crestor, Niaspan, Lidoderm, Hydrocodone, Naprosyn and Frova. On 1/12/15, Utilization Review noncertified a request for Polyethylene Glycol 3350, 527mg with 3 refills noting lack of a history or complaint of constipation and citing National Guidance Clearinghouse. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polyethylene Glycol 3350, 527mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Gastroenterological Association, Buarucha AE, Dorn SD, Lembo A, Pressman A. American Gastroenterological Association medical position statement on constipation. Gastroenterology. 2013 Jan; 144(1): 211-7. [1reference] PubMed

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com Polyethelene Glycole Drug information

Decision rationale: According to Uptodate.com polyethelene glycole is used in the treatment of occasional constipation in adults. The medical record was reviewed including multiple office visits by the primary treating physician and the pain specialist. The patient is taking narcotic pain medications which are known to cause constipation however the medical record doesn't reflect that the patient has complaints of constipation. Constipation isn't used as a diagnosis for the patient. The physical exam of the abdomen is unremarkable. The continued use of this medication isn't medically necessary.