

<b>Case Number:</b>	CM15-0045311		
<b>Date Assigned:</b>	03/17/2015	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2015

### 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, Indiana, New York  
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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 06/05/2002. He has reported injury to the neck and lower back. The diagnoses have included spinal/lumbar degenerative disc disease; lumbar radiculopathy; cervical pain; post cervical laminectomy syndrome; and cervical radiculopathy. Treatment to date has included medications, lumbar epidural steroid injection, physical therapy, and surgical intervention. Medications have included Norco, Lyrica, Zanaflex, Soma, Gabapentin, Nexium, Colace, and Miralax. A progress note from the treating physician, dated 01/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of back pain radiating from the low back down both legs; bilateral shoulder pain; bilateral knee pain; excellent improvement with last epidural steroid injection; and medications are working well. Objective findings included slowed, antalgic gait, assisted by walker; cervical spine tenderness, spasm, and tight muscle band with restricted range of motion; tenderness at the paracervical muscles and trapezius regions; and tenderness, spasm, tight muscle band and trigger point noted on both sides of the lumbar spine. The treatment plan included lumbar epidural steroid injection and continuation of prescription medications. Request is being made for Miralax bottles #2; and for Colace 100 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax bottles #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stool softeners, Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.druglib.com/druginfo/miralax/indications\\_dosage/](http://www.druglib.com/druginfo/miralax/indications_dosage/).

**Decision rationale:** Pursuant to drugs.com, Mirilax two bottles is not medically necessary. Mirilax is used for the treatment of occasional constipation. The product should be used for two weeks or less or as directed by the physician. For additional details see the attached link. In this case, injured worker's working diagnoses are lumbar radiculopathy; spinal/lumbar degenerative disc disease; mood disorder; cervical pain; and post cervical laminectomy syndrome. The injured worker's date of injury was June 5, 2002. The treating physician pursuant to a February 11, 2015 progress note discontinued all scheduled medications including opiates and muscle relaxants. The injured worker's primary care physician (nonindustrial) prescribes Norco and Soma for nonindustrial related purposes. The documentation indicates Colace and Mirilax are indicated for opiate induced constipation. The opiates have been discontinued. Consequently, based on opiate discontinuation, Mirilax 2 bottles is not medically necessary.

**Colace 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stool softeners, Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Opioid-induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/colace.html>.

**Decision rationale:** Pursuant to drugs.com, Colace (Docusate) 100 mg #60 is not medically necessary. Docusate (Colace) is used to relieve occasional constipation and prevent dry, hard stools. Colace is a stool softener. In this case, injured worker's working diagnoses are lumbar radiculopathy; spinal/lumbar degenerative disc disease; mood disorder; cervical pain; and post cervical laminectomy syndrome. The injured worker's date of injury was June 5, 2002. The treating physician, pursuant to a February 11, 2015 progress note, discontinued all scheduled medications including opiates and muscle relaxants. The injured worker's primary care physician (nonindustrial) prescribed Norco and Soma for nonindustrial related purposes. The documentation indicates Colace and Mirilax are indicated for opiate induced constipation. The opiates have been discontinued. Consequently, based on opiate discontinuation, Colace 100 mg #60 is not medically necessary.