

Case Number:	CM15-0048079		
Date Assigned:	03/20/2015	Date of Injury:	02/05/1999
Decision Date:	04/24/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/13/2015

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: 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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 02/05/1999. He reported injury to the low back. The injured worker was diagnosed as having lumbago; thoracic/lumbosacral neuritis/radiculitis; intervertebral degenerative disc disease with myelopathy lumbar region; and post laminectomy syndrome. Treatment to date has included medications, bracing, epidural steroid injections, physical therapy, home exercise program, and surgical intervention. A progress report from the treating provider, dated 01/29/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing left mid back, low back, and left leg pain, with worsening left lower extremity numbness, tingling, and weakness; pain relief with recent transforaminal epidural steroid injection; and pain medications keep him functional and increase mobility. Objective findings included tenderness to palpation of the lumbar paraspinal muscles and the sciatic notch. The plan of treatment included continuing with the current medication regimen, which includes opioid medication. Request is being made for Miralax, 1 pack with 5 refills for lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax, 1 pack with 5 refills for Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) and Opioids Page(s): 16-19, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines support the prophylactic use of anti-constipation medications when opioids are utilized. The Guidelines are silent on how many refills of a medication are appropriate. Opioids are anticipated long term and it is reasonable to assume that an individual would not refill this particular medication if it is not needed. Under these circumstances, the Miralax 1 pack with 5 refills is supported by Guidelines and is medically necessary.