MAXIMUS Federal Services

Case Number:	CM15-0083570		
Date Assigned:	05/29/2015	Date of Injury:	04/11/2004
Decision Date:	06/25/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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, California
Certification(s)/Specialty: Family Practice

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 55 year old female with an industrial injury dated 04/11/204; 09/01/1998-05/01/2004 (cumulative trauma). Her diagnoses included chronic neck pain, cervical spondylosis without myelopathy, chronic low back pain, chronic left lumbar radicular pain and drug induced constipation. Co morbid diagnosis included breast cancer, post chemotherapy. Prior treatment included physical therapy, medications and diagnostics. She presented on 03/20/2015 with complaints of neck pain and low back pain but without significant change. Present pain intensity was 2/10 on pain scale. She is using her pain medicine as directed and finds it to be helpful in controlling her pain and allowing her to maintain her activities of daily living. She estimated the medication provided 50% relief of her pain. Objective findings noted the injured worker to be casually dressed, well groomed with a clear sensorium. Her gait was normal and she walked without the need for an assistive device. Her current medications included morphine, lidocaine 5% patch and polyethylene glycol for constipation. Urine drug screen dated 08/06/2014 and CURES report dated 10/06/2014 were consistent with her prescription history. She had signed a treatment agreement for controlled substances. The treatment request is for Morphine and Lidoderm patch for pain and polyethylene glycol for constipation. She had been taking polyethylene glycol for constipation in the record dated 01/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Polyethylene Glycol 3350: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, stool softeners are recommended when initiating opioids. Polyethylene glycol (PEG) is an osmotic agent use for chronic constipation or bowel prep. The claimant had abdominal films that showed constipation in January 2014 at which time PEG was initiated. Recent progress notes on 3/20/15 indicated the claimant had still been on opioids and PEG as needed. There were no mention of prophylaxis stool softeners . Long-term use of opioids causing constipation is not recommended nor studied and chronic use of PEG is not medically necessary.