

Case Number:	CM15-0084362		
Date Assigned:	05/06/2015	Date of Injury:	07/10/2012
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
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: New Jersey

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 26 year old male, who sustained an industrial injury on 07/10/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cerebral concussion with loss of consciousness, headache, dizziness, cervical spine strain/sprain with disc protrusion, severe spinal stenosis, and spinal cord compression, lumbar spine strain/sprain, left shoulder strain/sprain, and testicular contusion with pain. Treatment to date has included magnetic resonance imaging of the cervical spine with Anatomical Impairment Measurements Report, laboratory studies, medication regimen, use of a cane, and chiropractic therapy. In a progress note dated 03/04/2015 the treating physician reports complaints of constant, aching pain to the cervical spine with radiculopathy to the bilateral upper extremities with the right greater than the left. The pain level is rated a 9 out of 10. The injured worker has associated symptoms of numbness and tingling to the bilateral hands. The injured worker also has complaints of lumbar spine pain that is rated 8 out of 10 and complaints of bilateral testicular pain that is rated an 8 to 9 out of 10. The documentation also notes continued complaints of constipation. Documentation included was a consultation performed on 11/24/2014 for evaluation of hemorrhoids and constipation with the physician noting that due to pain medication regimen the injured worker developed significant constipation and rectal bleeding that required intervention. The treating physician is requesting the medication of Miralax with the treating physician noting that the injured worker has continued constipation and is currently on the medication of Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax #30 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation ODG, Pain section, Opioid-induced constipation treatment AND Medscape.com (<http://reference.medscape.com/drug/golytely-miralax-polyethylene-glycol-342026>).

Decision rationale: The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Miralax (polyethylene glycol) is an osmotic laxative which is relative safe with short-term occasional use but can lead to electrolyte imbalances with prolonged use, which can also lead to arrhythmias, seizures, and renal impairment in some. In the case of this worker, although his constipation should be addressed. There was no found supportive documentation in the notes which showed a previous effort to use first line strategies to help reduce constipation before considering any medication therapy such as Miralax. Therefore, the request for Miralax #30 with 1 additional refill is not medically necessary, according to the documentation provided for review.