

<b>Case Number:</b>	CM15-0087275		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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(n) 53 year old male, who sustained an industrial injury on 7/5/12. He reported falling ten feet off a truck and injuring his back. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included Oxycodone, physical therapy, a lumbar epidural injection and a TENs unit. As of the PR2 dated 4/21/15, the injured worker reports gabapentin is helping with his pain, but it is causing some constipation. He has tried docusate sodium 250mg twice daily, with only mild relief and indicated that there is increased low back pain related to hard bowel movements. The treating physician requested polyethylene glycol powder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Polyethylene Glycol powder:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioid  
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**Decision rationale:** According to the guidelines, stool softeners are indicated when initiating opioids. In this case, the claimant had been on opioids but the constipation was caused by use of Gabapentin. The use of stool softener is indicated while the claimant is on opioids. Since the claimant had failed stool softeners, the use of polyethylene glycol (osmotic agent for constipation) is appropriate to manage the constipation. Therefore the request for Polyethylene Glycol Powder is medically necessary.