

Case Number:	CM14-0176548		
Date Assigned:	10/29/2014	Date of Injury:	08/31/1995
Decision Date:	12/05/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/24/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 74-year old teacher reported multiple injuries after a fall down stairs on 8/31/95. She is status post a right total knee replacement and a left total hip replacement. She continues to have pain in her neck, both knees, both hips, low back, left thigh, and right wrist, thumb and fingers. Her diagnoses include lumbar radiculopathy, lumbar spinal stenosis, foot pain, muscle spasm, hip pain, low back pain and wrist pain. Except for a recent trial of Dilaudid, this patient has been on Methadone for years. She has also had symptoms of constipation for years. All of the available progress notes document that she is taking several medications for constipation, which have included Dulcolax, Senokot, Colace, Amitiza, and Fleet's enemas. Most recently, she has been on a regimen of Linzess, Senokot and Colace. (Amitiza lost its effectiveness and it was changed to Linzess.) She saw a gastroenterologist for evaluation, who apparently recommended that she start Miralax. The 9/17/14 progress note from the primary treating physician states that the patient does not find Miralax effective. It makes her stool hard and compact, and feels "like cement" in her stomach. The patient feels that only a specific constipation regimen works for her, which includes Linzess, Senakot S, and Colace. The plan states that "we will write for Linzess, Colace, and SenokotXtra for constipation. The patient was to follow up with the gastroenterologist for constipation to determine an effective constipation regimen. Medications to be continued included Linzess, SenokotXtra, Dulcolax and Docusate Sodium. However, the requested treatment included a prescription for Miralax. The request for Miralax was non-certified in UR on 9/27/14, primarily because of the documentation that Miralax was not working and had unpleasant side effects according to the patient. However, there is now an additional progress note in the records dated 10/15/14. It states that Miralax is working well now that the patient is taking it with water.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax powder, #1 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy; Opioids in general Page(s): 77; 83.

Decision rationale: The citations above state that prophylactic treatment of constipation should be initiated when initiating opioid therapy. The benefit of opioid use is limited by the frequency of adverse effects that include constipation. Stronger opioids such as methadone are more likely to cause adverse effects. The clinical findings in this case did not initially support the use of Miralax, but the additional information contained in the 10/15/14 progress note make it clear that Miralax is medically appropriate. This patient is on long-term opioid therapy and has long-term constipation. Any regimen that works for controlling the constipation, including the current regimen which includes Miralax taken with water, is medically warranted. Miralax powder, #1 with 5 refills, is medically necessary.