

<b>Case Number:</b>	CM14-0084812		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	06/11/1991
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 75-year-old female who reported an injury on 06/11/1991 due to stepping in a hole. She twisted her back. Diagnoses were status post L1-S1 posterior spinal fusion, continued bowel and bladder dysfunction, left leg radiculopathy. Past treatments were physical therapy and injections. Surgical history is lumbar surgery and cervical fusion. Physical examination on 06/23/2014 revealed complaints of low back pain, constant, severe, sharp, burning, spasms. There were also complaints of bowel and bladder problems. Examination revealed the injured worker ambulated with a walker. There was tenderness of the paraspinal muscles. Medications were not reported. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kristalose 20gm packs #90 with 3 refills for 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic Treatment of Constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. It was not reported that the provider started the injured worker on a prophylactic for constipation. It was reported that the injured worker was having urinary and bowel problems. These medications were not reported in the progress note. It is unknown what medications the injured worker is taking. There were no significant factors reported to provide evidence to support the use of these medications. Therefore, the request of Kristalose 20gm packs #90 with 3 refills for 1 year is not medically necessary and appropriate.

**Amitiza 24mcg #100 with 3 refills for 1 year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic Treatment of Constipation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. It was not reported that the provider started the injured worker on a prophylactic for constipation. It was reported that the injured worker was having urinary and bowel problems. These medications were not reported in the progress note. It is unknown what medications the injured worker is taking. There were no significant factors reported to provide evidence to support the use of these medications. Therefore, the request for Amitiza 24mcg #100 with 3 refills for 1 year is not medically necessary and appropriate.