

Case Number:	CM14-0090333		
Date Assigned:	07/23/2014	Date of Injury:	07/06/1999
Decision Date:	09/16/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational Medicine 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:

The patient is a 52-year-old female who has submitted a claim for chronic low back pain, bilateral lower extremity radiculopathy, right knee internal derangement, major depressive disorder, generalized anxiety disorder, and posttraumatic stress disorder; associated with an industrial injury date of 07/06/1999. Medical records from 2012 to 2014 were reviewed and showed that patient complained of a significant increase in lower back pain following a recent fall in the kitchen on her buttocks and then to her back. Her current pain level is 7-8/10. Physical examination showed that the patient was awake and alert, and there was no evidence of medication-induced somnolence. The patient presented in a motorized scooter. Spasm was noted in the lumbar paraspinal musculature with limited motion due to pain. The remaining examination was deferred. Treatment to date has included medications, and laminectomy (02/06/2007). Utilization review, dated 06/13/2014, denied the request for MiraLAX because the patient is already authorized for a medication for constipation, and there are no significant physical examination findings to support the medical necessity for three different medications for this problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17g PRN, unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:(<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000241/>).

Decision rationale: According to the National Library of Medicine, Polyethylene glycol 3350 is an osmotic laxative used to treat constipation. The MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. In this case, patient was prescribed Miralax, a brand name of Polyethylene glycol, since at least November 2012 as needed for constipation. However, the patient has also been prescribed docusate sodium and Senokot-S; and there is no discussion regarding the need for three medications for constipation. The rationale for the request is not clear. Lastly, the present request as submitted failed to specify the amount to be dispensed. Therefore, the request for Miralax 17g PRN, unspecified quantity is not medically necessary and appropriate.