

Case Number:	CM14-0215663		
Date Assigned:	01/05/2015	Date of Injury:	05/18/2013
Decision Date:	02/28/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 was a 44 year old male, who was injured on the job, May 18, 2013. The injured worker was injured while lifting several boxes weighing 50-100 pounds. The injured worker noticed a lump in the right groin. The right groin area became painful. The injured worker sought medical attention. According to the progress note of September 25, 2014, the injured worker had a right inguinal hernia repair, on August 29, 2013. The injured worker returned to work in November of 2013. The injured worker returned to work performing regular duties with a lumbar brace and self-imposed restrictions of no heavy lifting. On September 2, 2014 a CT of the abdomen was completed, results showed diffuse fatty infiltration of the liver. The injured worker was tested for H-pylori, which was positive. According to the progress note, of October 8, 2014, the injured worker had continued complaints of constipation. The injured worker was diagnosed with abdominal pain, constipation, gastroesophageal reflux disease, rectal bleeding and positive for H-pylori. According to the progress note of October 23, 2014, the injured worker continues with right inguinal discomfort with palpation of the surgical area. On December 15, 2014, the UR denied authorization for prescriptions for MiraLax and Colace. The denial for MiraLax was based on the MTUS guidelines for Chronic Pain Medical Treatment Guidelines, page 77. The denial for the Colace was based on the MTUS guidelines for Chronic Pain Medical Treatment Guidelines, page 77.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17gm, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trial of Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Opiate induced constipation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603032.html>

Decision rationale: Pursuant to Medline plus and the Official Disability Guidelines, Miralax 17 g #1 is not medically necessary. Miralax, also known as polyethylene glycol, is used to treat occasional constipation. For additional details see the attached link. If prescribing opiates has been determined to be appropriate, the official disability guidelines recommend prophylactic treatment of constipation should be initiated. In this case, the injured workers working diagnoses are abdominal pain, constipation, gastroesophageal reflux disease, rectal bleeding and H. pylori. The documentation indicates the injured worker was taking Colace and Miralax in a September 24, 2014 progress note. The September 2014 progress note stated there was no change in constipation and rectal bleeding. October 8, 2014 progress note reaffirmed there was no change in constipation and abdominal pain. Documentation reflects that was no objective functional improvement associated with the use of Miralax. Consequently, absent clinical documentation to support the ongoing use of Miralax, a short-term agent indicated for occasional constipation, Miralax 17 g #1 is not medically necessary.

Colace 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trial of Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Opiate induced constipation
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603032.html>

Decision rationale: Pursuant to Medline plus and the Official Disability Guidelines, Colace 100 mg #60 is not medically necessary. Colace is a stool softener use them short-term basis to relieve constipation. For additional details see the attached link. If prescribing opiates has been determined to be appropriate, the official disability guidelines recommend prophylactic treatment of constipation should be initiated. In this case, the injured workers working diagnoses are abdominal pain, constipation, gastroesophageal reflux disease, rectal bleeding and H. pylori. The documentation indicates the injured worker was taking Colace and Miralax in a September 24, 2014 progress note. The September 2014 progress note stated there was no change in constipation and rectal bleeding. October 8, 2014 progress note reaffirmed there was no change in constipation and abdominal pain. Documentation reflects that was no objective functional

improvement associated with the use of Colace. Consequently, absent clinical documentation to support the ongoing use of Colace, a stool softener indicated for short-term constipation, Colace 100 mg #60 is not medically necessary.