

<b>Case Number:</b>	CM15-0178453		
<b>Date Assigned:</b>	09/18/2015	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male, who sustained an industrial injury on 08-13-2012. Medical records indicated that the injured worker is undergoing treatment for functional anorectal pain, chronic constipation, chronic pain syndrome, and history of cervical spine injury. Treatment and diagnostics to date has included medications. Current medications include Miralax, Atenolol, Levothyroxine, Lisinopril, and Morphine. The injured worker is able to return to modified work as of 11-01-2013. In a progress notes dated 06-17-2015 and 08-17-2015, the injured worker reported tingling on the left from the shoulder to the index finger and nausea and constipation. Objective findings included tenderness in the periscapular area on the left, tender joint line left knee, and slower gait with antalgic element. The request for authorization dated 06-22-2015 requested Morphine 15mg #120 every 6 hours for pain and Miralax 17G 1 dose daily. The Utilization Review with a decision date of 09-01-2015 non-certified the request for Miralax 17G 1 dose daily and Morphine #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax 17g 1x per day: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

**Decision rationale:** Miralax (Polyethelyn Glycol) is used in the treatment of occasional constipation (irregularity). This product should be used for 7 days or less as excessive use can upset the body's chemical balance and lead to dependence on laxatives. Submitted reports have not adequately documented indication for the medication's continued use when it was noted the patient had no benefit pending GI motility clinic evaluation. Additionally, there are no complaints or clinical findings of constipation as a side effect from any opiates use nor has there been benefit from treatment rendered. The Miralax 17g 1x per day is not medically necessary and appropriate.

**Morphine #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated specific improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific increased functional status derived from the continuing use of opioids in terms of decreased pharmacological dosing with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Morphine #120 is not medically necessary and appropriate.