

Case Number:	CM15-0063871		
Date Assigned:	04/09/2015	Date of Injury:	12/21/1971
Decision Date:	05/12/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 21, 1971. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for MiraLax powder. The claims administrator noted that the applicant was using Dilaudid and had experienced issues with constipation associated with the same. The claims administrator noted that the applicant had undergone earlier failed spine surgery and was personally reporting issues with constipation, per progress note dated February 23, 2015. The claims administrator also referenced an RFA form dated January 30, 2015 in its determination. The applicant's attorney subsequently appealed. On February 23, 2015, the applicant reported ongoing complaints of low back pain, 2/10. The applicant was using Valium, Dilaudid, Colace, Lomotil, metformin, MiraLax, Prilosec, Phenergan, and Ambien, it was stated. The applicant's BMI was 30. The applicant was using a cane to move about. Multiple medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax/Polyeth Glyc Powder 3350, 1 capsule 1-2 times daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-induced constipation treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Yes, the request for MiraLax, a laxative agent, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was in fact using Dilaudid, an opioid agent, and had personally experienced symptoms of constipation associated with the same, the claims administrator reported. Usage of MiraLax, thus, was indicated here. Therefore, the request was medically necessary.