

Case Number:	CM15-0077690		
Date Assigned:	04/29/2015	Date of Injury:	06/16/2003
Decision Date:	05/28/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33 year old male, who sustained an industrial injury on June 16, 2003. He has reported back pain and leg pain. Diagnoses have included lumbosacral disc injury, lumbosacral radiculopathy, and chronic pain syndrome with depression. Treatment to date has included medications, use of a cane, transcutaneous electrical nerve stimulator unit, psychotherapy, and imaging studies. A progress note dated March 10, 2015 indicates a chief complaint of lower back pain radiating to the left leg with weakness, and constipation. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/miralax.

Decision rationale: This 33 year old male has complained of low back pain since date of injury 6/16/03. He has been treated with TENS, physical therapy and medications. The current request is for miralax. There is no documentation in the available medical records that constipation has been a significant problem for this patient necessitating the use of Miralax. On the basis of this lack of documentation, Miralax is not medically necessary.