

Case Number:	CM15-0078320		
Date Assigned:	04/29/2015	Date of Injury:	01/02/2014
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
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: North Carolina
 Certification(s)/Specialty: Family Practice

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 30-year-old patient who sustained an industrial injury on 01/02/2014. A primary treating office visit dated 01/21/2015 reported chief complaint of fibromyositis; displacement of cervical intervertebral disc without myelopathy; chronic pain syndrome; shoulder joint pain, and cervical right upper extremity. The patient has subjective complaint of right side neck pain that radiates into the right shoulder and right upper extremity. She has been compliant with home exercise program; completed acupuncture and physical therapy course. She notes that she is without continued care and that her progress is stunted; things have worsened. She continues to take Ibuprofen, Biofreeze, Omeprazole, and Trazadone. The plan of care involved: recommending additional therapy, acupuncture sessions, increase ambulation, and continue with medications. Another follow up visit dated 11/19/2014 reported not having slept for the past 48 hours secondary to increased pain. She complains of new onset limited range of motion of the left shoulder, and she is with increased activity. She is being treated at therapy under the diagnoses of chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax 17g #1 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3346737>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 76-84.

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently not on opioid therapy. The patient does not have a diagnosis of primary constipation. The requested medication is used in the treatment of constipation. Therefore, the request is not certified or medically necessary.