

Case Number:	CM13-0005658		
Date Assigned:	12/11/2013	Date of Injury:	06/14/1999
Decision Date:	01/17/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; muscle relaxants; prior lumbar spine surgery; transfer of care to and from various providers in various specialties; and attorney representation. In a utilization review report of July 22, 2013, the claims administrator denied prescriptions for morphine, Flexeril, MiraLax, Colace, and Norco. The applicant's attorney subsequently appealed, on July 29, 2013. A later note of November 14, 2013 is notable for comments that the applicant is using a scooter to move about. The applicant is reportedly in constant pain. The applicant is receiving manipulation and is status post abdominal hernia repair. She is on morphine, Norco, Colace, MiraLax, and Flexeril. She denies any side effects with medications other than constipation, which she states are alleviated by laxatives. The applicant states that her pain score is 4/10 with medications and 7 to 8/10 without medications. She states that she is deriving 50% reduction in pain and spasm through ongoing medication usage. The applicant states that she is able to function better with walking and other upright activities of daily living and sleep better as a result of ongoing medication usage. She is nevertheless using a walker. Recommendations are made for the applicant to continue all of her chronic pain medications, including Flexeril chronically. The attending provider states that she prefers to continue Flexeril even though this goes against MTUS recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, it does not appear that the applicant has returned to work. She does seemingly report 50% reduction in pain scores through ongoing opioid usage. She does report improved performance of non-work activities of daily living and states that her sleep and ability to stand and walk are improved as a result ongoing opioid therapy. Therefore, on balance, continuing long-acting morphine/MS Contin is indicated and appropriate in this context. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.

Flexeril 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The request for Flexeril 10 mg is, conversely, not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Flexeril with other agents is not recommended. In this case, the applicant is using numerous analgesic and adjuvant medications, including long-acting opioids. Adding Flexeril to the mix is not indicated, particularly Flexeril is considered as sedating muscle relaxant. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

Mirala powder 17gm: Overturned

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

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

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in those applicants in whom opioid therapy is initiated. In this case, the applicant is actually experiencing symptoms of constipation. Using MiraLax powder and/or Colace capsules is indicated and appropriate in this context.

Colace oral capsule sodium 100mg: Overturned

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

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

Decision rationale: Again, as noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in those applicants using opioids. In this case, the applicant is actually experiencing symptoms of constipation. Providing both MiraLax, a laxative, as well as Colace, a stool softener, is indicated and appropriate in this context. Therefore, the original utilization review decision overturned. The request is certified, on independent medical review.

Norco 10/325:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain. In this case, as noted previously, the applicant meets two of three aforementioned criteria. While the applicant has not returned to work, she does report reduction in pain scores and improved performance in non-work activities of daily living as a result of ongoing opioid usage. Therefore, the request for Norco, like the request for MS Contin, is certified, on independent medical review.