

Case Number:	CM13-0036200		
Date Assigned:	12/13/2013	Date of Injury:	09/24/2010
Decision Date:	03/05/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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 Neurology, has a subspecialty in Neuromuscular 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 claimant is a 57 year old who sustained a work related injury on September 24, 2010. Subsequently, he developed lower back pain. He underwent lumbar decompression on August 9, 2012. According to the note of August 1, 2013, the patient developed ongoing back pain with intensity 7-8/10. He also developed leg pain. The patient continued to walk with a cane. He also reported shooting pain into his hips and chronic constipation. Physical examination demonstrated reduced range of motion of the lumbar spine. The provider is requesting authorization to use Flexeril and Promolaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Flexeril is a non sedating muscle relaxant that is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over

time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril 7.5 mg is not justified. In addition there no recent documentation about efficacy and safety of previous use of Fexeril. The request of Flexeril 7.5mg is not medically necessary.

Promolaxin 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) and McKay SL, Fravel M, Scanlon C. Management of constip.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: According to Official Disability Guidelines, Promolaxin is recommended as a second line treatment for opioid induced constipation. The first line measures are: increasing physical activity, maintaining appropriate hydration, advising the patient to follow a diet rich in fiber, using some laxatives to stimulate gastric motility, and use of some other over the counter medications. It is not clear from the patient file that the patient tried the first line measurements. Furthermore, there is no documentation of efficacy of previous use of Promolaxin despite the discontinuation of opioids. Therefore the use of Promolaxin is not medically necessary.