

Case Number:	CM13-0058076		
Date Assigned:	12/30/2013	Date of Injury:	10/02/2009
Decision Date:	04/03/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/26/2013

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 applicant is a represented [REDACTED] employee who has filed a claim chronic low back pain reportedly associated with an industrial injury of October 2, 2009. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, prior lumbar fusion surgery and extensive periods of time off of work. Per medical legal evaluation of September 19, 2012, the applicant has been off of work and has not returned to her former occupation as a cook in several years. In a utilization review report of November 8, 2013, the claims administrator denied request for Dulcolax and Flexeril. The applicant's attorney subsequently appealed, on November 26, 2013. The claims administrator stated that the application was using two laxatives, senna and Dulcolax and that the applicant's constipation could be effectively treated with one laxative. On December 30, 2013, the applicant presented with highly variable 0-7/10 pain about the midback, neck, low back, knees, and ankles. The applicant is using a cane. The applicant is on Butrans and Flexeril, it is stated. The applicant reportedly has severe constipation which has been ameliorated through usage of Senokot, Colace, and Dulcolax. The applicant is reportedly on an unspecified antidepressant. The applicant has a history of asthma, it is stated. Butrans, Norco, Flexeril, Senokot, Colace, Dulcolax were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

DULCOLAX 5 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 Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation is indicated in those applicants who are using opioids chronically. In this case, the applicant is using two separate opioids, Butrans and Norco. Employing Dulcolax for the applicant's reportedly severe constipation is indicated. Contrary to what was suggested by the previous utilization reviewer, the attending provider has seemingly posited that the applicant has severe symptoms of constipation which have proven refractory to one laxative alone. For all of the stated reasons, then, continued usage of Dulcolax is indicated and appropriate. Accordingly, the request is certified, on independent medical review.

FLEXERIL 5 MG: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using multiple other analgesic agents, including Butrans and Norco. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on independent medical review.