

Case Number:	CM13-0070725		
Date Assigned:	01/08/2014	Date of Injury:	06/22/2001
Decision Date:	05/29/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/26/2013

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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/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 injured worker is a 58 year old man with a date of injury of 6/22/01. He was seen by his physician on 12/9/13 with complaints of low back pain radiating to his legs with increased pain and dizziness and poor sleep. His medications were said to be less effective with no reported side effects. His back gave out on him while walking on the treadmill and prior epidural injection reduced his pain for several months. His current medications were Flexeril, Lexapro, Senna, Miralax, Omeprazole, Colace, Neurontin, Percocet as needed, aspirin, Diovan, Glipizide, Metformin, Metoprolol and Pravastatin. An MRI of the lumbar spine in 6/13 showed multiple level stenosis and foraminal narrowing. EMG/NCV from 4/12 showed chronic bilateral S1 radiculopathy and mild right peroneal motor neuropathy with axonal involvement. His physical exam showed he was mobile with a cane. He had limitation in lumbar range of motion and hypertonicity and tenderness in his paravertebral muscles with positive loading on both sides and 0/4 patellar jerks. He had minimal motor and sensory loss. He stated the percocet was less effective and wanted to trial interventions prior to increasing pain medications. At issue in this review are the refills of several prescriptions including Omeprazole, Flexeril, Senna and Miralax.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic back pain with an injury sustained in 2001. His medical course has included an MRI and use of several medications including opioids and muscle relaxants. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that he is at high risk of gastrointestinal events to justify medical necessity of Omeprazole.

FLEXERIL THREE TIMES A DAY AS NEEDED: 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 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic back pain with an injury sustained in 2001. His medical course has included numerous treatment modalities including long-term use of several medications including narcotics and muscle relaxants. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The Cyclobenzaprine has been prescribed for long-term use and medical necessity is not supported in the records.

SENNA, 1-2 AT BEDTIME AS NEEDED: 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 Up To Date: Docusate and Senna-Drug Information and Management of Chronic Constipation In Adults.

Decision rationale: Senna is used for the short-term treatment of constipation and its unlabeled use is for management/prevention of opioid-induced constipation. In this injured worker, it is not documented how much of his as needed Percocet that he is taking. Additionally, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the Senokot.

MIRALAX POWDER PACKET 17 GRAM DAILY AS NEEDED: 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 Up To Date: Docusate and Senna-Drug Information and Management of Chronic Constipation In Adults.

Decision rationale: Miralax is typically prescribed for occasional constipation but can be used in chronic constipation. Laxatives are used after patient education, behavior modification and dietary changes. The records do not document that these modalities were trialed prior to using Miralax. Additionally, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for Miralax.