MAXIMUS Federal Services

Case Number:	CM14-0000552		
Date Assigned:	01/31/2014	Date of Injury:	09/15/2006
Decision Date:	06/13/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 57 year old male injured on 09/15/06 when he slipped while carrying a heavy door resulting in low back pain. Current diagnoses include chronic pain syndrome, degeneration of lumbar intervertebral discs, lumbago, sacroiliitis, myalgia and myositis, post-laminectomy syndrome of the lumbar region, and radiculitis. Documentation indicates the patient complains of chronic, constant, dull, ache over the low back, specifically bilateral sacroiliac joints and lumbar spine. The patient reports intermittent sharp, shooting pains radiating down posterolateral thighs, across anterior knees, and down medial calves to medial feet and great toes. Chronic pain medication benefit includes reduction of pain, increased activity tolerance, and restoration of partial overall functioning. Pain medication regimen and rest continued to keep pain within a manageable level allowing the patient to complete necessary activities of daily living. Medications include Norco 10/325mg QID, Prilosec 20mg BID, Tramadol 50mg QID, DSS 100mg 1-3 tabsTID, Senna 8.6mg 2 tabs TID, Gabapentin 300mg 2 tabs TID, and Flexeril 10mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

270 DSS 100MG WITH THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management

of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the patient cannot utilize the readily available over-the-counter formulation of the medication. As such, the request for 270 DSS 100MG with three refills cannot be recommended as medically necessary.

90 FLEXERIL 10MG WITH THREE REFILLS: Upheld

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

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

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of 90 Flexeril 10mg with three refills cannot be established at this time.

180 SENNA 8.6MG WITH THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the patient cannot utilize the readily available

over-the-counter formulation of the medication. Additionally, current guidelines do not recommend the use of medical foods or herbal medicines. As such, the request for 180 Senna 8.6mg with three refills cannot be recommended as medically necessary.