

Case Number:	CM14-0044975		
Date Assigned:	07/02/2014	Date of Injury:	03/08/2000
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/13/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 55-year-old male who reported an injury on March 08, 2000. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, lumbar discogenic spine pain, and lumbar sprain/strain. The injured worker was evaluated on May 22, 2014 with complaints of bilateral lumbar pain. Current medications include Ultram, Neurontin, Zofran, Senna laxative, promethazine, Flexeril, and meloxicam. Physical examination revealed tenderness to palpation of the lumbar spine, moderately severe bilateral paralumbar spasms, sacroiliac (SI) joint tenderness on the left, limited lumbar range of motion, normal motor strength, and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna Laxative (8.6mg, #60 with 2 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Opioid Induced Constipation Treatment.

Decision rationale: The California MTUS Guidelines state prophylactic treatment of constipation should be initiated when also initiating opioid therapy. The Official Disability Guidelines state first-line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. The injured worker does not maintain a diagnosis of opioid-induced constipation. There is no mention of gastrointestinal events. There is also no documentation of a failure to respond to first-line treatment as recommended by the Official Disability Guidelines. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Flexeril (10mg, #30 with 2 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. The injured worker had continuously utilized Flexeril for an unknown duration. There is no evidence of objective functional improvement. Furthermore, the California MTUS Guidelines do not recommend long-term use of muscle relaxants. There is no frequency listed in the current request. As such, the request is not medically necessary.