

Case Number:	CM14-0049682		
Date Assigned:	07/07/2014	Date of Injury:	12/21/2010
Decision Date:	08/22/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/17/2014

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 Management 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 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:

According to the records made available for review, this is a 56-year-old male with a 12/21/10 date of injury. At the time (3/4/14) of the request for authorization for Senna 50/8.6 mg #120 and Cyclobenzaprine 7.5 mg #60, there is documentation of subjective (low back pain that radiates down the bilateral lower extremities, lower extremity pain bilaterally in the hips) and objective (moderate distress, spasm noted in the paraspinal musculature, tenderness was noted upon palpation bilaterally in the paravertebral area L4-S1 levels, pain was significantly increased with flexion and extension, and facet signs were present bilaterally) findings, current diagnoses (chronic pain other, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, and osteoarthritis), and treatment to date (medication including chronic opioid use and ongoing use of Cyclobenzaprine). Regarding Cyclobenzaprine 7.5 mg #60, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine; and intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 50/8.6 mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration.

Decision rationale: MTUS and ODG do not address the issue. The Food and Drug Administration identifies that Docuprene is indicated for short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (eg, after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use. Within the medical information available for review, there is documentation of diagnoses of chronic pain other, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, and osteoarthritis. In addition, there is documentation of chronic opioid use. Therefore, based on guidelines and a review of the evidence, the request for Senna 50/8.6 mg #120 is medically necessary.

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are 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. Within the medical information available for review, there is documentation of diagnoses of chronic pain other, lumbar facet arthropathy, lumbar radiculopathy, lumbar spinal stenosis, and osteoarthritis. In addition, there is documentation of ongoing use of Cyclobenzaprine. However, there is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine. Furthermore, given documentation of ongoing use of Cyclobenzaprine, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.

