

Case Number:	CM14-0095505		
Date Assigned:	07/25/2014	Date of Injury:	06/07/2000
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/23/2014

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 and 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 patient is a 68 year old who was injured on 6/7/2000. The diagnoses are neck pain, post C4-C5 cervical fusion and headache. The patient completed massage, Physical Therapy, acupuncture, Ice/Heat and cervical collar treatments. On 5/6/2014, [REDACTED] noted subjective complaints of neck pain, muscle spasm and headache. There were objective findings of decreased range of motion of the cervical spine and palpable muscle spasm. The medications are Percocet for pain, Colace and Senokot for the prevention and treatment of opioid associated constipation, Robaxin and Tizanidine for muscle spasm. A Utilization Review determination was rendered on 6/13/2014 recommending non certification for Colace 100mg #60 6 refills, Senokot 50mg #120 6 refills, Robaxin 750mg #20 3 refills and Tizanidine 4mg #60 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #60 with 6 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Management of Opioid-Induced Gastrointestinal Effects: Treatment" (http://www.medscape.com/viewarticle/427442_5).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and ODG addressed the use of medications for the prevention and treatment of opioid induced constipation. It is recommended that prophylactic treatment of constipation should be initiated when initiating chronic opioid therapy. Other strategies to minimize constipation such as increased fluid and dietary fiber intake and exercise are recommended. Untreated constipation can lead to fecal impaction and intestinal obstruction. The records indicate that the patient complained of opioid induced constipation. Colace is a stool softener that is effective in prevention and treatment of opioid induced constipation. The criteria for the use of Colace 100mg #60 with 6 refills are met. The patient should be evaluated regularly for efficacy of constipation treatment.

Senokot 50mg #120 with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Management of Opioid-Induced Gastrointestinal Effects: Treatment" (http://www.medscape.com/viewarticle/427442_5).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS and ODG addressed the use of medications for the prevention and treatment of opioid induced constipation. It is recommended that prophylactic treatment of constipation should be initiated when initiating chronic opioid therapy. Other strategies to minimize constipation such as increased fluid and dietary fiber intake and exercise are recommended. Untreated constipation can lead to fecal impaction and intestinal obstruction. The records indicate that the patient complained of opioid induced constipation. Senokot is a stimulant laxative that is used for short term prevention and treatment of constipation. The patient is also utilizing Colace. The patient should be evaluated regularly for efficacy of constipation treatment. The criteria for the use of Senokot 50mg #120 with 5 refills are not met.

Robaxin 750mg #20 with 3 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.

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

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic musculoskeletal pain. It is recommended that only non-sedating medications be utilized for periods of less than 4 weeks to decrease the risk of dependency, sedation and addiction associated with chronic use of muscle relaxants. The efficacy of muscle relaxants have been shown to decrease over time. The records indicate that the patient is utilizing Robaxin and Tizanidine longer than the recommended short term use. The criteria for the use of Robaxin 750mg #20 with 3 refills are not met.

Tizanidine 4mg #60 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasms associated with chronic musculoskeletal pain. It is recommended that only non-sedating medications be utilized for periods of less than 4 weeks to decrease the risk of dependency, sedation and addiction associated with chronic use of muscle relaxants. The efficacy of muscle relaxants have been shown to decrease over time. Tizanidine is also indicated in the treatment of chronic headache and musculoskeletal pain syndrome. The records indicate that the patient is utilizing Tizanidine for the treatment of multiple conditions including headache, muscle spasm and myofascial pain that did not respond to physical Therapy, acupuncture and trigger point injections. The criteria for the use of Tizanidine 4mg #60 with 3 refills are met.