

Case Number:	CM15-0131668		
Date Assigned:	07/20/2015	Date of Injury:	08/30/2005
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 was a 44-year-old male, who sustained an industrial injury, August 30, 2005. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, Norco, home exercise program, Pamelor, Celebrex, Colace and home exercise program. The injured worker was diagnosed with failed low back surgery syndrome status post left L5-S1, hemilaminectomy, partial medial facetectomy and discectomy of the calcified disc on September 19, 2009, with retrolisthesis, fibrosis and stenosis per MRI scan, status post laminectomy at L5 with eight-millimeter anterior epidural process at L5-S1 resulting in mild central stenosis, possible lymphadenopathy with prior axonal injury of the left S1 nerve root and incomplete collateral reinnervation per EMG/NCS. According to progress note of June 6, the injured worker's chief complaint was moderate to severe low back pain. The physical exam noted tenderness with palpation and with moderate spasms over the paravertebral musculature and lumbosacral junction. The straight leg raising was positive eliciting radicular symptoms to the left foot along the left aL5 and S1 nerve root distribution. The range of motion of the lumbar spine was decreased with pain and spasms. The sensation to pinprick and light touch were decreased along the left L5 and S1 dermatomal distribution. The flexmid was treatment for spasms to assist with activity and function. The treatment plan included prescriptions for Fexmid and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid along with opioids and long-term use is not recommended. The request for Fexmid for over 30 days is not medically necessary.

Colace 100mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Opioid-induced constipation treatment (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. Continued use of Colace is not medically necessary.