MAXIMUS Federal Services

Case Number:	CM15-0134162		
Date Assigned:	07/22/2015	Date of Injury:	03/23/2010
Decision Date:	08/19/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/10/2015

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: New Jersey, New York
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 is a 47 year-old male, who sustained an industrial injury on 3/23/2010. The injured worker was diagnosed as having herniated nucleus pulposus T11-12 (5mm with severe left sided dural compression), multi-level degenerative disc disease, facet hypertrophy L3-L5, low back strain with S1 radiculopathy, and history of low strain, lifting in 1981. Treatment to date has included diagnostics, physical therapy, acupuncture, epidurals, and medications. Urine toxicology (1/21/2015) was submitted, at which time medications included Norco and Flexeril. Currently, the injured worker complains of severe low back pain, bilateral leg pain, and thoracic pain. Pain medications helped him continue his activities of daily living and increase function. His pain level was 7/10 with medications and 10/10 without. Exam of the lumbar spine noted spasm, bilateral positive straight leg raise, and decreased range of motion. The treatment plan included refill of medications, including Norco, Motrin, Colace, and Flexeril. His work status was not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: The request is considered not medically necessary. ODG guidelines were used as MTUS does not address Colace use. Colace is a stool softener. The patient has been on chronic opioid use which can lead to opioid-induced constipation. However, the chart lacks documentation of constipation. Therefore, the request is considered not medically necessary at this time.

Flexeril 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.