

Case Number:	CM15-0135148		
Date Assigned:	07/29/2015	Date of Injury:	07/04/2014
Decision Date:	09/01/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/13/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 28 year old male, who sustained an industrial injury on 7-4-2014. He reported pain in his left shoulder, back, neck and right wrist. Diagnoses have included cervical pain, shoulder pain, low back pain and knee pain. Treatment to date has included physical therapy and medication. According to the progress report dated 6-24-2015, the injured worker complained of neck and thoracic pain. He rated his pain with medications and 5.5 out of 10 and his pain without medications as 7.5 out of 10. The injured worker was unable to turn his head due to pain and stiffness. Exam of the cervical spine revealed tenderness, hypertonicity and spasm. Left shoulder movements were limited by pain. There was tenderness to palpation over the right wrist and the right knee. Authorization was requested for Skelaxin and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg 1 by mouth twice a day as needed for spasms #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) Section Page(s): 61.

Decision rationale: The MTUS Guidelines recommend the use of metaxalone with caution as a second-line option for short-term pain relief in patients with chronic low back pain. Metaxalone is a muscle relaxant that is reported to be relatively non-sedating. In this case, the injured worker has been taking Skelaxin in a chronic nature for chronic pain. The available documentation does not provide evidence of an acute exacerbation of pain, therefore, the request for Skelaxin 800mg 1 by mouth twice a day as needed for spasms #60 is not medically necessary.

Colace 100mg, 1 twice daily as needed, #60: Upheld

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

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

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is not noted be treated with opioid medications and there is no indication of problems with constipation. The request for Colace 100mg, 1 twice daily as needed, #60 is not medically necessary.