

Case Number:	CM15-0136720		
Date Assigned:	07/27/2015	Date of Injury:	04/01/2013
Decision Date:	09/02/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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, Massachusetts

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 53-year-old female with an industrial injury dated 04/10/2013 and 11/22/2010. Her diagnoses included right carpal tunnel syndrome (non-industrial), gastroesophageal reflux disease, right greater trochanter bursitis, right lumbar 5 radiculopathy with decreased sensation and lumbar 5 weakness, lumbar 4- sacral 1 disc degeneration with annular tear and lumbar 5-6 lateral recess and foraminal stenosis. Prior treatment included physical therapy, diagnostics and medications. She presents on 06/22/2015 with pain of the right lower lumbar spine radiating into the buttocks and posterior thigh through the calf into the bottom of the foot. She continued to utilize 1-2 Norco a day as needed. She rates her pain as 6/10. Physical exam of lumbar spine noted a normal gait with no evidence of a limp. There was no tenderness on palpation of the lumbar spine. Her medications included Flexeril Norco, Prilosec, Famotidine, Linzess and Butrans patch. The treatment plan included to complete remaining physical therapy, proceed with scheduling the epidural steroid injection and medications. The treatment request for Prilosec 40 mg every day # 30 with 5 refills was authorized. The current review is for: Flexeril 10 mg every day, #30 with 5 refills; Linzess 40 mg every day, #30 with 5 refill; Norco 10/325 mg 1 tablet orally twice a day, #160 (refills unlisted).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg every day, #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64-66.

Decision rationale: According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. "Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines, muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs, which the patient is already taking regularly. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. Consequently, the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time. The request is not medically necessary.

Norco 10/325mg 1 tablet orally twice a day, #160 (refills unlisted): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently, continued use of short acting opioids is not medically necessary.

Linzess 40mg every day, #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 77. Decision based on Non-MTUS Citation www.nlm.nih.gov/medlineplus/druginfo/meds/a613007.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Constipation Page(s): 88.

Decision rationale: Linzess (linaclotide) is used to treat chronic idiopathic constipation and to treat irritable bowel syndrome with constipation (IBS-C). The patient does not have documented

diagnoses of either of these conditions. While the records do mention constipation likely related to chronic opioid use, linaclotide is not an approved first line treatment for opioid related constipation. Hopefully with the decreasing dosage of chronic opioids this side effect will abate. In any case based on the records and guidelines, this is not a medically necessary first line treatment for the IW's constipation.