

Case Number:	CM15-0192823		
Date Assigned:	10/06/2015	Date of Injury:	09/25/2014
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, 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 applicant is a represented 66-year-old who has filed a claim for chronic neck, mid back, and low back pain (LBP) reportedly associated with industrial injury of September 25, 2014. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Skelaxin and Colace apparently prescribed and/or dispensed on or around August 24, 2015. The applicant's attorney subsequently appealed. On said August 24, 2015 office visit, the applicant reported ongoing complaints of neck and mid back pain with superimposed myofascial pain complaints. The note was difficult to follow and mingles historical issues with current issues. The applicant's medication list included Colace, Neurontin, Motrin, Zestril, metformin, Naprosyn and Skelaxin, it was reported. Several of the same were renewed and/or continued. There was, however, no seeming mention that the applicant was having issues with constipation present on this date. The attending provider sought authorization for cervical and thoracic epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Skelaxin 800mg, #30 Prescribed 8/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin).

Decision rationale: No, the request for Skelaxin, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 61 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Skelaxin is recommended with caution as a second-line option for short-term pain relief in applicants with chronic low back pain, here, however, the 30 tablet renewal request for Skelaxin represented treatment in excess of the short-term role for which it is espoused, per page 61 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Retrospective: Colace 100mg, #60 with 2 refills Prescribed 8/24/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Finally, the request for Colace, a stool softener/laxative, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the August 24, 2015 progress note made no mention of the applicant's having any issues with constipation for which ongoing usage of Colace would have been indicated. It was stated for what issue, diagnosis, purpose, and/or symptom Colace had been employed. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does support the prophylactic usage of laxatives in applicants receiving opioid therapy, here, however, there was no mention of the applicant's receiving opioid therapy on or around the date of request, August 24, 2015. Therefore, the request was not medically necessary.