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| Case Number: | CM15-0209683 | | |
| Date Assigned: | 10/28/2015 | Date of Injury: | 06/04/2010 |
| Decision Date: | 12/16/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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 54-year-old who has filed a claim for chronic shoulder and wrist pain with suspected complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of June 4, 2010. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve requests for Promolaxin (docusate) and Flexeril. The claims administrator referenced a September 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 21, 2015, the applicant was placed off of work, on total temporary disability. The applicant was using a cane to move about. Multifocal complaints of low back, right lower extremity, hip, knee, and foot pain were reported, 9/10 at its worst versus 6/10 at its best with medications. OxyContin, Lyrica, Ambien, Colace, and Flexeril were renewed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate (Promolaxin) 100mg, orally 2 times a day as needed, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for docusate (Promolaxin), a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants using opioid agents. Here, the attending provider stated on August 21, 2015 that the applicant was, in fact, using OxyContin, i.e., an opioid agent. Concomitant provision of docusate was, thus, indicated to ameliorate any issues with opioid-induced constipation which may have arisen in conjunction with usage of the same. Therefore, the request was medically necessary.

Flexeril 10mg, 2 times a day, #60: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Conversely, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents including OxyContin, Lyrica, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 60-tablet supply of Flexeril at issue represented chronic, long-term, and twice-daily usage of the same, i.e., usage in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.