

Case Number:	CM15-0224339		
Date Assigned:	11/20/2015	Date of Injury:	02/09/2013
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/16/2015

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: North Carolina
 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:

This injured worker is a 31 year old male who reported an industrial injury on 2-9-2013. His diagnoses, and or impressions, were noted to include: chronic pain disorder; chronic low back pain; sciatica; muscle spasms; cervical and lumbar radiculopathy; obesity; and co-morbid constipation. Electrodiagnostic studies were said to have been done on 8-7-2014 & 5-8-2013; and no imaging studies were noted. His treatments were noted to include: a lumbar support brace to tolerate exercise; home exercise and weight reduction program with diet and life-style modifications; medication management; and rest from work. The progress notes of 10-19-2015 reported: neck spasms associated with tingling-numbness in the right upper extremity; chronic low back, right iliac crest, hip and leg pain with burning in the bilateral thighs, right > left; a tingling sensation in the testicle area after rising from the toilet seat; the need to frequently lie down to rest; and of episodes of panic and erection problems. The objective findings were noted to include: obesity; an antalgic gait with diminished stance phase on the right with only bearing weight on the front right foot, and use of cane; positive Gaenslens's maneuver and right straight leg raise; and palpable tenderness in the right "PSIS", piriformis, iliac crest and greater trochanter area. The physician's request for treatments were noted to include: Flexeril 5 mg daily as needed, #15 with future auto-refill; and the addition of Amitiza 8 mcg daily for constipation, #30, with 3 refills. The Request for Authorization, dated 10-19-2015, was noted to include Flexeril 5 mg daily as needed, #15; and the addition of Amitiza 8 mcg daily as needed for constipation, #30 with 3 refills. The Utilization Review of 10-20-2015 non-certified the request for Flexeril 5 mg, #15 (that weaning was recommended and to allow for fill from 10-26-15 to 1-26-16 for weaning); and Amitiza 8 mcg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg Qty 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): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

Amitiza 8mcg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of rescue opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently not on opioid therapy. The use of constipation measures is advised per the California MTUS. In these cases, however there is also not a documented failure of first line constipation treatment measures. Therefore, the request is not medically necessary.