

Case Number:	CM15-0057325		
Date Assigned:	04/02/2015	Date of Injury:	10/07/2011
Decision Date:	05/22/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/25/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old female, who sustained an industrial injury on 10/07/2011. The mechanism of injury was not provided. Diagnoses include low back pain, lumbar discogenic pain syndrome, lumbar radiculitis, lumbar post laminectomy syndrome, lumbar facet joint pain, myalgia, and chronic pain syndrome. Treatment to date has included diagnostics, medications, home exercise program, heat, ice, H-wave, and drug screening. Per the Primary Treating Physician's Progress Report dated 2/11/2015, the injured worker reported elevated low back pain. She describes the pain as aching and stabbing in the low back on the left. She is having persistent muscle tightness from her lumbosacral area into her gluteals. Pain is rated as 10/10 without medications and 8/10 with medications. Her pain is unchanged since the last appointment. Physical examination revealed an antalgic gait. There was tenderness over the lower lumbar paraspinals and L4-5 and L5-S1 facet joints bilaterally. There was decreased flexion and extension due to pain. Straight leg raise is positive bilaterally. The plan of care included medications and authorization was requested for Flexeril 10mg #90, Elavil 25mg #60, Colace 100mg #60, and Exalgo 8mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks, and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had utilized the medication for an extended duration of time. There was documentation the medication allowed the injured worker to complete her activities of daily living. However, as the medication has been used for an established duration of time and as such, the request would not be supported. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Flexeril 10 mg quantity 90 is not medically necessary.

Elavil 25mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. The clinical documentation submitted for review indicated the pain with medications was an 8/10 and without medications it was a 10/10. Additionally, the documentation indicated the injured worker had objective functional improvement in the ability to complete her activities of daily living. However, there was a lack of documentation in the change in the use of other analgesic medications, sleep quality and duration, and psychological assessment. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Elavil 25 mg quantity 60 is not medically necessary.

Colace 100mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had constipation due to medications. However, the efficacy of the requested medication was not provided. The request as submitted failed to indicate the frequency. Given the above, the request for Colace 100 mg quantity 60 is not medically necessary.

Exalgo 8mg quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects and indicated the injured worker had an objective decrease in pain in an objective functional improvement. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Exalgo 8 mg quantity 30 is not medically necessary.