

Case Number:	CM15-0235561		
Date Assigned:	12/11/2015	Date of Injury:	05/02/2015
Decision Date:	01/20/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male with an industrial injury date of 05-02-2015. Medical record review indicates he is being treated for umbilical hernia without obstruction or gangrene, intervertebral disc displacement lumbosacral region, acute abdomen and unspecified abdominal pain. Subjective complaints (11-10-2015) included lower back pain. The pain is rated as 7 out of 10. He states his medications are working well. The treating physician noted the level of functionality had stayed the same. Quality of sleep was normal. His pain was rated as 6-7 without medication and with medication 3-4 out of 10. He reports about 6 hours of relief with medications. Current medications (11-10-2015) included Cymbalta, Dicyclomine, and Acetaminophen with codeine, Advil, Cyclobenzaprine, Ibuprofen, Ketorolac and Nortriptyline. Medical record review indicates the injured worker has been taking Colace since at least 06-10-2015 and Flexeril since at least 06-09-2015. Prior treatments included cold, heat, medication, TENS unit and surgery. Physical exam (11-10-2015) noted restricted range of motion of the lumbar spine. Motor examination is documented as normal tone and power of the muscles. Gastrointestinal assessment noted distended abdomen with well healed incision (hernia). There was localized tenderness at the left upper quadrant, peri umbilical region. There was localized rigidity noted in the right lower quadrant, left lower quadrant and in the peri-umbilical region. The treating physician noted urine confirmation showed no aberrant behavior and the injured worker was compliant with opioid agreement. On 11-19-2015 the request for Flexeril 10 mg # 30 and Senna S # 60 was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 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): Muscle relaxants (for pain).

Decision rationale: The patient presents with restricted range of motion of the lumbar spine. The current request is for Flexeril 10mg QTY 30. The treating physician states, in a report dated 11/10/15, "For now we will continue him on Flexeril for his lower back as it flared up after the fall. (85B) The dose is -1 tab at bedtime when needed. The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 06/09/15. In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.

Senna S QTY 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

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

Decision rationale: The patient presents with restricted range of motion of the lumbar spine. The current request is for Senna S QTY 60. The treating physician states, in a report dated 11/10/15, "Senna S bid as needed." (86B) The MTUS Guidelines state that for constipation due to opioid use, "Prophylactic treatment of constipation should be initiated." In this case, the patient has been prescribed Percocet since his surgery and he has continued stomach pain with stomach distension noted. The MTUS guidelines support prophylactic treatment of constipation for patients utilizing opioids. The current request is medically necessary.