

Case Number:	CM14-0142960		
Date Assigned:	09/10/2014	Date of Injury:	07/06/1995
Decision Date:	10/10/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 71-year-old female was reportedly injured on 7/6/1995. The most recent progress note, dated 5/13/2014, indicated that there were ongoing complaints of low back pain and hand numbness. Physical examination demonstrated decreased sensation to pinprick over the volar aspect of the bilateral index, middle and ring fingers. The patient can touch all fingers to the middle palmar crease and the tip of the thumb to the 5th metacarpal head. There were negative Tinel's sign at the wrist, lumbar tenderness and limitation of lumbar spine motion. No recent diagnostic imaging studies available for review. Diagnoses were myofascial pain, status post right carpal tunnel release X2, and fibromyalgia syndrome. Previous treatment included Tylenol ES, Flexeril, Colace and Ultracin lotion. A request had been made for Flexeril 10 mg #45 with 4 refills and Colace 100 mg #90 with 4 refills, which was not certified in the utilization review on 8/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #45 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury in 1995, clinical presentation and diagnosis, the guidelines do not support this request for Flexeril for the management of chronic pain. As such, the request is not medically necessary.

Colace 100 mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

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

Decision rationale: MTUS guidelines support the use of stool softeners (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the claimant is not currently taking opioids, a stool softener is not required. Furthermore, Colace is available as a generic over-the-counter product without a prescription. This request is not medically necessary.