

Case Number:	CM14-0215997		
Date Assigned:	01/06/2015	Date of Injury:	05/06/2003
Decision Date:	03/04/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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

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:

According to the records made available for review, the injured worker is a 41 year-old female with a date of injury of 05/06/2003. The results of the injury include lumbar spine pain. Diagnoses have included lumbago, lumbar disc displacement, and lumbosacral neuritis. Diagnostic studies were not submitted for review. Treatments have included medications, physical therapy, and surgical intervention. Medications have included Norco, Colace, Senokot, Robaxin, Butrans patch, and Nexium. Surgical interventions have included lumbar fusion at L5-S1, which was performed on 03/15/2011. A progress note from the treating physician, dated 11/24/2014, documents a follow-up evaluation of the injured worker. The injured worker reported lumbar area and lower back pain and stiffness; radicular pain and numbness in the right and left leg; and leg swelling. The injured worker reported the back pain to be 8/10 on the visual analog scale, and was described as aching, burning, stabbing, throbbing and spasming, and shoots down both legs. The injured worker reported the leg pain to be 8/10 on the visual analog scale, and was described as aching, sharp, radiating, shooting, stabbing, tingling, and heaviness. Objective findings included pain to palpation over the L3 to L4, L4 to L5, and L5 to S1 hardware pain with rotational extension indicative of hardware pain; bilateral and secondary myofascial pain with triggering; ropey fibrotic banding and spasm bilateral; and significant increase in myofascial pain with movement. S1 dermatome and L5 dermatome demonstrate decreased light touch sensation bilaterally. The treating physician documented the injured worker to have had 60% improvement in functional capacity, without side effects or complications, in terms of the current medication treatment regimen. Work status is listed as permanent and stationary.

Treatment plan was documented to include consideration for an SI joint injection; continuation/request of medications; and follow-up evaluation in one month. Request is being made for a prescription for Senokot S #60 Refills: 3 and for Robaxin 500 mg #120 Refills: 3. On 12/05/2014, Utilization Review non-certified a prescription for Senokot S #60 Refills: 3. Utilization Review non-certified a prescription for Senokot S #60 Refills: 3 based on the lack of documentation regarding the rationale for the use of a second medication for constipation. The Utilization Review noted that the injured worker is already taking Colace. The Utilization Review cited the Official Disability Guidelines, current online version: Pain Chapter, Opioid-induced constipation treatment; and Thompson Micromedex: Herbal Use, Senna. Utilization Review non-certified a prescription for Robaxin 500 mg #120 Refills: 3. Utilization Review non-certified a prescription for Robaxin 500 mg #120 Refills: 3 based on muscle relaxants not being recommended for a long period of time. The Utilization Review cited the CA MTUS, 2009: Chronic Pain Medical Treatment Guidelines, Muscle Relaxants. Application for independent medical review was made on 12/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senokot S #60 refills 3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 8/10. The request is for SENOKOT S #60 REFILLS 3. Straight leg raise testing is positive. Patient has received trigger point injections with benefit. Patient has had increased pain despite attempts at a home exercise program. Patient is using medications with benefit for increased functional capacity and decreased pain and suffering. Patient's current medications include Butrans, Colace, Nexium, Norco, Piroxicam, Robaxin and Senokot S. Patient is P&S.MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." Treater has not provided reason for the request. In this case, medical records indicate this patient has been taking Norco since at least 01/28/13. The MTUS guideline recognizes constipation as a common side effect of chronic opiate use. Therefore, the request IS medically necessary.

Robaxin 500mg #120, refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated at 8/10. The request is for ROBAXIN 500MG #120 REFILLS 3. Straight leg raise testing is positive. Patient has received trigger point injections with benefit. Patient has had increased pain despite attempts at a home exercise program. Patient is using medications with benefit for increased functional capacity and decreased pain and suffering. Patient's current medications include Butrans, Colace, Nexium, Norco, Piroxicam, Robaxin and Senokot S. Patient is P&S.MTUS page 63-66 Muscle relaxants (for pain) 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.MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties.Treater has not provided reason for the request. In this case, Robaxin was included in patient's prescriptions, per treater reports dated 01/28/13 to 11/21/14. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. However, Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 120 with 3 refills does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.