

Case Number:	CM15-0114634		
Date Assigned:	06/22/2015	Date of Injury:	02/19/2010
Decision Date:	07/29/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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

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 28 year old female, who sustained an industrial injury on February 19, 2010. The injured worker was diagnosed as having status post cervical laminectomy, right upper extremity reflex sympathetic dystrophy/complex regional pain syndrome (CRPS) and upper left extremity chronic pain. Treatment to date has included surgery, spinal cord stimulator implant and removal and medication. An agreed medical evaluation dated April 15, 2015 provides the injured worker complains of neck, shoulder, arm and wrist and coccyx pain. Physical exam notes cervical tenderness, exam of the right shoulder and arm was deferred due to allodynia. X-rays were reviewed. There is a request for Flexeril, Relpax and Lactulose.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg p.o q.h.s: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Relpax 12 tablets daily total number of 40 for migraines: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

Decision rationale: Regarding Relpax (eletriptan), the California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, the patient has a diagnosis of migraine headaches. There is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested triptan is not medically necessary.

Lactulose for constipation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid Induced Constipation Treatment.

Decision rationale: With regard to this medication request, the Chronic Pain Medical Treatment Guidelines do recommend prophylactic laxative and stool softener agents for any patient on opioid therapy. Opioids are well known to cause constipation commonly as a side effect. Multiple progress notes indicate the patient is undergoing detox and a progress note on 4/2015 states the patient is no longer on opioid medication. Therefore, the medical necessity of Lactulose for constipation is no longer valid. As such, this request is not medically necessary.