

Case Number:	CM15-0167087		
Date Assigned:	09/14/2015	Date of Injury:	07/08/2000
Decision Date:	12/07/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female sustained an industrial injury on 7-8-00. Documentation indicated that the injured worker was receiving treatment for chronic neck and low back pain, right carpal tunnel syndrome and fibromyalgia. Previous treatment included physical therapy, chiropractic therapy, acupuncture, injections, transcutaneous electrical nerve stimulator unit, home exercise and medications. In a pain management progress noted dated 3-16-15, the injured worker complained of worsening low back associated with numbness in bilateral thighs and knees and worsening neck pain with radiation to bilateral hands, rated pain 4 to 5 out of 10 with medications. The injured worker reported that she continue to get benefit from Flexeril for muscle spasms. The physician noted that the injured worker had been stable on this medication for the past 10 years. The injured worker had previously failed Soma and Valium. In a PR-2 dated 7-16-15, the injured worker complained of worsening neck pain with radiation to bilateral hands, rated 5 out of 10 with medications. The injured worker also complained of issues with constipation due to chronic narcotic usage. The injured worker had previously failed increased hydration, high fiber diet, increased activity, over the counter stool softeners and Senna. The injured worker also reported that she continuing continued benefit with use of Flexeril for muscle spasms. The injured worker stated that during extreme flare-ups of neck and back pain she needed her Flexeril. The injured worker had started aqua therapy and was using her transcutaneous electrical nerve stimulator unit with benefit. Physical exam was remarkable for neck with "decreased" range of motion and sensory deficits in the C6 to T1 distribution and lumbar spine with "decreased" range of motion due to pain, positive straight leg raise and

sensory deficits in the L5-S1 distribution. There was no documentation of muscle spasms on exam. The treatment plan included continuing transcutaneous electrical nerve stimulator unit and aqua therapy, a spinal surgery evaluation, a trial of Movantik and continuing medications (Cyclobenzaprine, Tylenol with Codeine, Zoloft and Flexeril). On 7-24-15, Utilization Review modified a request for Movantik 25mg #30 with one refill to Movantik 25mg #30 with no refills and noncertified a request for Flexeril 10mg #40 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Movantik 25mg #30 with 1 refill: Overturned

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on opioid therapy states: (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. The patient is currently on opioid therapy. The use of constipation measures is advised per the California MTUS. The requested medication is used in the treatment of constipation. Therefore, the request is medically necessary.

Flexeril 10mg #40 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain, but rather for ongoing and chronic back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

