

Case Number:	CM15-0179345		
Date Assigned:	09/21/2015	Date of Injury:	11/01/2003
Decision Date:	10/30/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, California

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 is a 38 year old female patient, who sustained an industrial injury on 11-1-03. The diagnoses include reflex sympathetic dystrophy of upper limb, reflex sympathetic dystrophy of lower extremity and shoulder joint pain. Per the doctor's note dated 8-17-15, she had complains of continued severe pain in all 4 extremities, now progressing to left hand as well as right. She had difficulties with activities of daily living and increased full body swelling relating to a flare of pain, not sleeping due to pain, having increased headaches and jaw pain. Physical examination revealed an antalgic gait with no other abnormalities reported. Per the doctor's note dated 6-17-15, she had complaints of shoulder pain and lower extremity pain. Physical exam dated 6-17-15 revealed a neck brace, surgical scars well healing and significant myofascial spasm in the cervical paraspinal muscles and trapezius muscles with associated hyperalgesia. The medications list includes Axert 12.5mg, Baclofen 10mg, Colace 100mg, Cymbalta 50mg, Ibuprofen 800mg, Linzess 145mg, Lunesta 3mg, Miralax 17gm, Norco 10-325mg, Omeprazole 10mg, Percocet 10-325mg, Robaxin 500mg, Senna 8.6mg, Trazodone 0mg and Zofran 8mg; topical Lidoderm patches and subcutaneous Imitrex injections. She has undergone right carpal tunnel release in 2004, spinal cord stimulator placement in 2006 and spinal cord stimulator replacement on 5/12/2015. She has had physical therapy, home exercise program and activity modifications. The treatment plan included continuation of home exercise program and medications as directed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax oral powder 17gram #15 packets, with 4 refills: 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): Opioids, criteria for use. Decision based on Non-MTUS Citation Thompson Micromedex, Clinical Applications, a) Polyethylene Glycol 3350.

Decision rationale: Miralax oral powder 17-gram #15 packets, with 4 refills. Miralax contains polyethylene glycol, which is used for relief of constipation. Per the cited guidelines "3) Initiating Therapy (a) Intermittent pain: Start with a short-acting opioid trying one medication at a time... (d) Prophylactic treatment of constipation should be initiated." Per the cited guidelines, Miralax is recommended for the treatment of constipation. Patient is taking opioids-Norco, Percocet which may cause constipation. However, the patient has been prescribed Colace and senna for constipation as well. The response to those medications is not specified in the records provided. The need for an additional medication for constipation is not fully established. The medical necessity of Miralax oral powder 17-gram #15 packets, with 4 refills is not medically necessary for this patient at this juncture.

Robaxin 500mg #60: 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): Muscle relaxants (for pain).

Decision rationale: Robaxin 500mg #60. Robaxin contains Methocarbamol, which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Per the records provided patient has diagnoses of reflex sympathetic dystrophy of upper limb, reflex sympathetic dystrophy of lower extremity and shoulder joint pain. Patient was not sleeping due to pain, having increased headaches and jaw pain. Physical examination revealed significant myofascial spasm in the cervical paraspinal muscles and trapezius muscles with associated hyperalgesia. The patient has chronic pain with abnormal objective exam findings. Short term or prn use of a muscle relaxant in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Robaxin 500mg #60 is medically appropriate and necessary for prn use during acute exacerbations.

