

Case Number:	CM15-0062201		
Date Assigned:	04/08/2015	Date of Injury:	04/15/2010
Decision Date:	05/12/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old male, who sustained an industrial injury on April 15, 2010. The injured worker was diagnosed as having lumbago, lumbar facet and sacroiliac joint dysfunction. Lumbar fusion and medication induced constipation. Treatment and diagnostic studies to date have included surgery, injection and medication. A progress note dated February 16, 2015 provides the injured worker complains of low back and hip pain. He reports sacroiliac injection was effective but only for about a week. He reports medications help and his current pain level is 5/10. Physical exam notes straight leg raise and Patrick's test on left were positive. Magnetic resonance imaging (MRI) was reviewed. The plan includes medication, lab work and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The injured worker sustained a work related injury on April 15, 2010. The medical records provided indicate the diagnosis of having lumbago, lumbar facet and sacroiliac joint dysfunction. Lumbar fusion and medication induced constipation. Treatment and diagnostic studies to date have included surgery, injection and medication. The medical records provided for review do not indicate a medical necessity for Norco 5/325mg #30. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the use of this medication predates 06/2014, but there has been no overall improvement. Also, the records do not indicate the pain control and activities of daily living are properly monitored.

Colace 100mg #60: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on April 15, 2010. . The medical records provided indicate the diagnosis of having lumbago, lumbar facet and sacroiliac joint dysfunction. Lumbar fusion and medication induced constipation. Treatment and diagnostic studies to date have included surgery, injection and medication. The medical records provided for review do not indicate a medical necessity for Colace 100mg #60. Colace (docusate) is a stool softener. The records indicate this was started in 06/2014 due to the constipation associated with medications. The MTUS recommends prophylactic treatment of constipation for individuals on opioids; therefore, this medication is no longer medically necessary since the Norco, an opioid, responsible for the constipation has been determined to be no longer necessary.

Flexeril 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 41, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on April 15, 2010. The medical records provided indicate the diagnosis of having lumbago, lumbar facet and sacroiliac joint dysfunction. Lumbar fusion and medication induced constipation. Treatment and diagnostic studies to date have included surgery, injection and medication. The medical records provided for review do not indicate a medical necessity for Flexeril 10mg #30. The records indicate this medication was introduced in 06/2014 when Robaxin was determined to be ineffective. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain mg three times a day. The recommended dosing of Cyclobenzaprine (Flexeril) is 5-10 mg three times a day for not longer than 2-3 weeks.