

<b>Case Number:</b>	CM13-0005107		
<b>Date Assigned:</b>	03/14/2014	<b>Date of Injury:</b>	04/08/2009
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	07/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 male with date of injury 4/8/2009. Per primary treating physician's progress report dated 12/31/2013, the injured worker continues with severe pain to his lumbar spine. He had MRI 12/23/2013. He complains of cramping from low back into the lower thighs. Pain is long and severe. Trying to cope. On examination there is decreased sensory and motor of left lower extremity, and tenderness at the lumbosacral spine with spasms. MRI dated 12/17/2013 of lumbosacral spine notes multiple levels of disc protrusions with foraminal narrowing at L3-4, L4-5, and L5-S1. Diagnoses include 1) lumbar spine radiculopathy, status post anterior interbody fusion 2/14/2013 2) post operative urinary and bowel complications 3) depression 4) anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN/CYCLOBENZAPRINE/TRAMADOL 180GMS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATIONS; NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section, Topical Analgesics section Page(s): 67-73, 111-113.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines do not recommend the use of topical Gabapentin as there is no peer-reviewed literature to support use. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as Cyclobenzaprine, as a topical product. The request for Gabapentin/Cyclobenzaprine/Tramadol 180 gms is determined to not be medically necessary.

**DOCUSATE/LAXACIN #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATIONS; NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use section, page(s) 77 Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment section.

**Decision rationale:** The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted be treated with opioid medications, and occasionally reports problems with constipation. The request for Docusate/Laxacin #100 is determined to be medically necessary.

**SOMOCIN #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATIONS; NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK,.

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

**Decision rationale:** The MTUS Guidelines do not address the use of Somocin or other medical foods. The ODG does not recommend the use of medical foods such as Somocin except in the event that the patient has a medical condition for which there is specific nutritive requirement or nutritive deficiency. The medical reports do not provide evidence that the injured worker's pain is associated with any specific nutritive deficits. The request for Somacin #30 is determined to not be medically necessary.