

<b>Case Number:</b>	CM13-0017413		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/20/2003
<b>Decision Date:</b>	01/06/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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 patient is a 42-year-old female who reported injury on 05/20/2013. The patient has a history of low back and right leg pain. The patient has been treated with medication management, acupuncture, psychological therapy, and injection. Per the last available note on 10/03/2013, the patient had complaints of 8/10 pain. The patient was noted to have hypersensitivity and tenderness to palpation of the back with painful and decreased range of motion by 50%. The patient was recommended for ongoing medication management, acupuncture and cognitive behavioral therapy. The patient had a diagnosis of chronic pain syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #5 8/19/13 and 10/20/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): s 41-42.

**Decision rationale:** MTUS Chronic Pain Guidelines state that Flexeril is "Recommended as an option, using a short course of therapy." The documentation submitted for review indicates the patient has been utilizing Flexeril since at least 07/2012. Therefore, the current recommendation

for Flexeril is not consistent with the MTUS Chronic Pain Guidelines' recommendation for a short course of therapy. In addition, recent physical examinations revealed a decreased range of motion and tenderness. However, there is a lack of muscle spasms and/or significant improvement with medication management to support ongoing use of Flexeril. Therefore, the request is non-certified at this time.

**Senokot 8.6mg #30 between 8/19/13 and 10/20/13: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Guidelines state that "Prophylactic treatment of constipation should be initiated." The documentation submitted for review does indicate that the patient is being prescribed Norco for pain relief. However, this prescription was not until 10/03/2013. The request in question is between 08/19/2013 and 10/20/2013. There was a lack of documentation of any opioid use during this timeframe to support the prescription for Senokot. Furthermore, there is no rationale for why the patient would require Senokot and Colace concurrently. The note on 07/15/2013 reported that the patient still had complaints of constipation; however, these complaints were not well defined. Furthermore, there is no documentation of improvement with medication regimen. Furthermore, the clinical note on 08/19/2013 reported that the patient had stopped taking Tylenol No. 3 secondary to improvement with acupuncture. Given the above, there is a lack of documentation of opioid use, severe subjective complaints and/or efficacy to support the use of Senokot between the dates of service in question.

**Colace 100mg #30 between 8/19/13 and 10/20/13: Upheld**

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

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

**Decision rationale:** MTUS Chronic Pain Guidelines state that "Prophylactic treatment of constipation should be initiated." The documentation submitted for review does indicate that the patient was prescribed Norco for pain relief on 10/03/2013. However, the timeframe in question is 08/19/2013 through 10/20/2013. The documentation submitted for review fails to indicate the patient had a prescription for opioids during this time to warrant the use of a stool softener. It was reported the patient had a history of constipation; however, these symptoms were not well defined. Furthermore, there is a lack of documentation of any significant improvement with medication regimen. Lastly, there is no indication why the patient would require concurrent prescription with Senokot. Given the above, the request is non-certified at this time.

**Protonix 20mg #30 between 8/19/13 and 10/20/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): s 68-69.

**Decision rationale:** MTUS Chronic Pain Guidelines state that Proton Pump Inhibitors are recommended for "Patients at intermediate risk for gastrointestinal events". The documentation submitted for review indicates that the patient was taking Motrin during the timeframe in question. The patient does have a history of complaints of stomach ache with medication use. However, the notes provided for review suggest the symptoms were secondary to Norco and not the patient's prescription for Motrin. The patient was not prescribed Norco between the dates of service in question until 10/03/2013. The documentation submitted for review fails to indicate the patient was at any significant risk for gastrointestinal events during the timeframe in question. Furthermore, there is a lack of documentation of any significant improvement with medication regimen. As such, the request for Protonix is non-certified.