

<b>Case Number:</b>	CM13-0018563		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	12/01/2002
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 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 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 applicant has filed a claim for chronic neck and shoulder pain associated with an industrial injury of December 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy; topical agents; transfer of care to and from various providers in various specialties; a TENS unit; the apparent imposition of permanent work restrictions; extensive periods of time off of work, on total temporary disability; prior cervical fusion surgery; and prior right shoulder surgery. An earlier note of July 17, 2013, is notable for comments that the applicant reports heightened pain. Activity level is unchanged. She states that medications are working well and she is taking them as prescribed. Her BMI is 26. She exhibits strength about the upper extremity ranging from 4-5/5 despite limited neck and shoulder range of motion. It is stated that the applicant's pain symptoms are somewhat alleviated by current medications. The applicant is scheduled for shoulder surgery and is given refills of Soma, Percocet, and Voltaren while remaining off of work, on total temporary disability. It is stated that the applicant's ability to perform daily household tasks is reportedly improved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60.:** 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): 41.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using numerous analgesic and adjuvant medications, including Percocet, Soma, and now, possibly, OxyContin. Adding cyclobenzaprine or Flexeril to the mix is not indicated, particularly when there is no clear or compelling indication of functional improvement effected through prior cyclobenzaprine or Flexeril usage. The applicant remains off of work, on total temporary disability, it is noted. Continuing cyclobenzaprine or Flexeril alongside other medications, in the face of the applicant's failure to effect functional improvement as defined in the MTUS, is not indicated. The request for Flexeril is not medically necessary and appropriate.

**Protonix 20mg #30 with 3 refills.:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** While the claims administrator's utilization report made some allusion to the applicant's having NSAID-induced dyspepsia at an earlier point in time, more recent notes of April 4, 2013, April 24, 2013, March 27, 2013, February 20, 2013, and July 2013, referenced above, do not make any specific references to dyspepsia, either NSAID induced or stand-alone. It does not appear that the applicant is, moreover, presently using any oral NSAIDs. The request for Protonix is not medically necessary and appropriate.

**Senokot 187mg #30 with 3 refills.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Management of constipation", in the University of Iowa Gerontological Nursing Interventions Research Center guidelines

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

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in those applicants who have been furnished with opioids, such as in this case. The applicant is apparently using several opioids, including Percocet on a fairly regular basis. Employing a laxative such as Senokot is indicated in the prophylactic treatment of opioid-induced constipation. It is incidentally noted the claims administrator apparently denied the request for Senokot on the grounds that the applicant had already been issued with a prescription for Colace. Colace, however, is generally considered a

stool softener as opposed to a laxative. The request for Senokot is medically necessary and appropriate.