

<b>Case Number:</b>	CM13-0065999		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/02/2002
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, 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 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 patient is a 44-year-old female who reported an injury on 12/02/2002. The mechanism of injury was not provided in the medical records. The patient was diagnosed with reflex sympathetic dystrophy and fibromyalgia. The patient's symptoms include left knee and leg pain. The patient was noted to have increased pain in her lower back and right-sided abdominal pain. The examination revealed normal curvature of the cervical spine. The cervical spine was tender and bilateral paraspinous tenderness. Palpable twitch positive trigger points are noted in the muscles of the head and neck. There was pain noted over the lumbar intervertebral spaces on palpation. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. The patient's left lower extremity was noted to have atrophy, allodynia, and limited range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PROSPECTIVE REQUEST FOR SENOKOT-S 8.6MG-50MG TABLET, #200:**

Overtured

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77-78.

**Decision rationale:** The patient is a 44-year-old female who reported an injury on 12/02/2002. The mechanism of injury was not provided in the medical records. The patient was diagnosed with reflex sympathetic dystrophy and fibromyalgia. The patient's symptoms include left knee and leg pain. The patient was noted to have increased pain in her lower back and right-sided abdominal pain. The examination revealed normal curvature of the cervical spine. The cervical spine was tender and bilateral paraspinous tenderness. Palpable twitch positive trigger points are noted in the muscles of the head and neck. There was pain noted over the lumbar intervertebral spaces on palpation. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. The patient's left lower extremity with atrophy, allodynia, and limited range of motion. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include documentation of side effects. The documentation submitted for review indicates the patient reports constipation. The guidelines also state prophylactic treatment of constipation should be initiated. Therefore, the request for Senokot-S 8.6 mg/50 mg tablet #200 is certified.

**RETROSPECTIVE REQUEST FOR SENOKOT-S 8.6MG-50MG TABLET, #200:**  
Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 77-78.

**Decision rationale:** The patient is a 44-year-old female who reported an injury on 12/02/2002. The mechanism of injury was not provided in the medical records. The patient was diagnosed with reflex sympathetic dystrophy and fibromyalgia. The patient's symptoms include left knee and leg pain. The patient was noted to have increased pain in her lower back and right-sided abdominal pain. The examination revealed normal curvature of the cervical spine. The cervical spine was tender and bilateral paraspinous tenderness. Palpable twitch positive trigger points are noted in the muscles of the head and neck. There was pain noted over the lumbar intervertebral spaces on palpation. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. The patient's left lower extremity with atrophy, allodynia, and limited range of motion. According to the California MTUS Guidelines, the ongoing management of patients taking opioid medication should include documentation of side effects. The documentation submitted for review indicates the patient reports constipation. The guidelines also state prophylactic treatment of constipation should be initiated. Therefore, the request for Senokot-S 8.6 mg/50 mg tablet #200 is certified.

**PROSPECTIVE RESQUEST FOR BACLOFEN 10MG TABLET, #90:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, non-sedating muscle relaxants are used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The guidelines also state that baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. The documentation submitted for review has shown the patient has used the requested medication for an extended period of time and failed to indicate the prescribed medication was for short term use. As the guidelines state muscle relaxants should be used as a second line option for short term treatment, documentation does not indicate the patient has tried and failed other prescribed medications. Therefore, the request for baclofen 10 mg tablet is non-certified.