

<b>Case Number:</b>	CM14-0007819		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/09/2002
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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:

Patient is a 59-year-old male who has submitted a claim for right iliohypogastric, right ilioinguinal, right genitofemoral and right pudendal neuropathic pain syndrome, s/p right inguinal herniorrhaphy, s/p revision of the right inguinal herniorrhaphy and resection of right iliohypogastric and ilioinguinal nerves, s/p implantation two right T12-L1 and right S2-3 epidural neuroelectrodes and rechargeable right flank pulse generator, opioid dependence, right groin pain with opiate-induced hypogonadism, moderate depression associated with an industrial injury date of 5/9/2002. Medical records from 2012-2013 were reviewed which revealed constant pain in the right groin relieved with pressure over the genital region. He has slow guarded gait and well-healed right inguinal scar. There was surface allodynia and dysesthesia from right inguinal areal to the right testis. Decreased left hip adductor tenderness was noted. Range of motion of left hip adductors was increased. Treatment to date has included, right inguinal herniorrhaphy, implantation of epidural neuroelectrodes and rechargeable right flank pulse generator. Medications taken include, Lyrica 150 mg, Zanaflex 4 mg, Miralax 17gms, Cymbalta 60 mg, Arthrotec 50 mg, Motrin 60mg, Norco 10/325mg and Oxycodone HCL/ Ibuprofen. Utilization review from 1/8/2014 denied the requests for Zanaflex 4mg, Miralax 17 gm. and Norco 10/325mg. Zanaflex was denied because chronic use of muscle relaxant is not recommended. Regarding Miralax, there is no documentation that patient has opioid induced constipation. Lastly, Norco was denied because there is no documentation to support opiate therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 4MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Section Page(s): 66.

**Decision rationale:** As stated on page 66 of CA MTUS Chronic Pain Medical Treatment Guidelines, Antispasticity drug is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity and myofascial pain. In this case, patient was prescribed Zanaflex, brand name of Tizanidine, an antispasticity drug since at least 2012. However, there was no documentation that the patient has neither spasticity nor myofascial pain. Medical necessity of this drug was not established. Therefore, the request for ZANAFLEX 4MG #30 is not medically necessary.

**MIRALAX 17GMS #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000241/>).

**Decision rationale:** Page 77 of CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. As stated on National Library of Medicine, Polyethylene glycol 3350 is used to treat occasional constipation. It is a class of medication under osmotic laxatives. In this case, patient was prescribed Miralax, a brand name of Polyethylene glycol for prophylactic treatment of constipation associated with Norco use. However, Norco was deemed not medically necessary in this review. Hence, there is no indication for prescribing MiraLax at this time. Therefore, the request for MIRALAX 17GMS #30 is not medically necessary.

**NORCO 10-325MG #30:** 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): 78.

**Decision rationale:** As stated on page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning,

and the occurrence of any potential aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient was prescribed Norco since at least 2012. There is no documentation on the pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living) that the patient can perform attributed to the use of opioids. Guidelines require clear and concise documentation for ongoing management. Therefore, the request for NORCO 10-325MG #30 is not medically necessary.