

<b>Case Number:</b>	CM14-0100267		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 49-year-old male who reported an injury on 02/02/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of cervical pain, cervical radiculopathy, elbow pain, entrapment neuropathy of the upper limb, carpal tunnel syndrome, shoulder pain, lateral epicondylitis, and wrist pain. Past medical treatment consisted of physical therapy, nerve blocks, surgery, and medication therapy. Medications included trazodone, Lyrica, Flexeril, Nexium, Colace, Percocet, Senokot, Cymbalta, and duloxetine. On 01/31/2012, the injured worker underwent an MRI of the cervical spine which revealed right paracentral disc protrusion at C6-7 causing moderate central canal narrowing and moderate to severe right neural foraminal narrowing. On 09/18/2014, the injured worker complained of neck pain. The physical examination had a note that the injured worker rated his pain at a 2/10 with medication and an 8/10 without medication. The physical examination also revealed that the injured worker was positive for muscles cramps, joint pain, and muscle pain. Range of motion of the cervical spine was restricted with flexion limited to 55 degrees, extension limited to 25 degrees, right lateral bending limited to 25 degrees, and left lateral bending limited to 20 degrees, with normal lateral rotation to the left and lateral rotation to the right. Spurling's maneuver caused pain in the muscles of the neck radiating to the upper extremity. The treatment plan was for the injured worker to continue the use of medication therapy. The provider felt that the medication was necessary due to the injured worker's post-surgery pain. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment (Docusate).

**Decision rationale:** The request for Colace 100 mg is not medically necessary. The Official Disability Guidelines recommend opioid induced constipation treatment. Upon prescribing an opioid, especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first step should be to identify and correct it. Simple treatment teachings such as including increasing physical therapy, maintaining hydration by drinking enough water, and advising the patient to follow a proper diet rich in fiber can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may be helpful to stimulate gastric motility. Other over the counter medications can have loose and otherwise hard stools and bulk, and increased water content of stool. The submitted documentation did not indicate that the injured worker was suffering from constipation. Additionally, there was no indication of the provider having educated the injured worker on proper hydration, proper diet, and proper exercise regarding opioid induced constipation. Given the above, the medical necessity of Colace is unclear. As such, the request is not medically necessary.

**Senokot 8.6/50 #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment (Senakot).

**Decision rationale:** The request for Senokot 8.6/50 is not medically necessary. The Official Disability Guidelines recommend opioid induced constipation treatment. Upon prescribing an opioid, especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first step should be to identify and correct it. Simple treatment teachings such as including increasing physical therapy, maintaining hydration by drinking enough water, and advising the patient to follow a proper diet rich in fiber can reduce the chance and severity of opioid induced constipation and constipation in general. In addition, some laxatives may be helpful to stimulate gastric motility. Other over the counter medications can have loose and otherwise hard stools and bulk, and increased water content of stool. The submitted documentation did not indicate that the injured worker was suffering from constipation. Additionally, there was no indication of the provider having educated the injured worker on proper hydration, proper diet, and proper exercise

regarding opioid induced constipation. Given the above, the medical necessity of Senokot is unclear. As such, the request is not medically necessary.

**Flexeril 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 2013

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

**Decision rationale:** The request for Flexeril 10 mg is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. The submitted documentation dated 08/2014 indicated that the injured worker had been prescribed this medication since at least that time, exceeding the recommended guidelines for short term therapy. Additionally, the efficacy of the medication was not submitted for review. Given the above, the injured worker is not within the MTUS guidelines. As such, the request is not medically necessary.