

<b>Case Number:</b>	CM14-0015032		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The patient is a 41-year-old female who was injured on 01/30/2007. Mechanism of injury is unknown. Prior treatment history has included the following medications as of 07/09/2013: Vicodin, Senekot-S; as of 09/12/2013: Robaxin; as of 11/22/2013: Lidoderm patch; as of 01/09/2014: Norco 10/325 mg, Robaxin 750 mg, Nortriptyline 50 mg. The patient has undergone L4-L5 artificial disc replacement on 08/03/2011. Diagnostic studies reviewed include a urine drug screen dated 06/04/2013 detected amitriptyline/nortriptyline, which is reported as prescribed and is consistent. A urine drug screen dated 01/09/2014 reported the detection of hydrocodone and hydromorphone. PR-2 dated 01/09/2014 documented the patient with complaints of pain that has been increasing significantly on the right foot that is causing significant discomfort when driving. She states the medication is helping her sleep at night but does continue to wake up 4 or 5 times per night and causing her to miss work due to daytime somnolence. She recently returned to work after missing approximately one week on a TTD. Objective findings one examination of the lumbar spine reveals significant tenderness palpating in the lumbar paraspinal musculature with associated myospasm greater on the right. Range of motion is very guarded and the patient refuses to perform due to it aggravating her pain. Examination of the lower extremity shows straight leg raise positive on the right at approximately 50 degrees. Braggard's test causes radiating pain down into the feet described as burning sensation. Her diagnoses include status post L4-L5 artificial disc replacement on 08/03/2011; lumbar myofasciitis; and history of lumbar radiculopathy. Her treatment plan includes Vicodin 500 mg, Lyrica 75 mg, Nortriptyline 50 mg, Robaxin 750 mg, Lidoderm Patch, and follow-up. UR report dated 01/22/2014 denied the request for Vicodin 5/500 #60 as the clinical documentation submitted for review does not support the ongoing use of Vicodin for pain. It cannot be ascertained what the duration effect of Vicodin is from the clinical reports. The

request for Senekot #90 was denied because the reviewer did not feel that ongoing use of Vicodin was medically necessary. Therefore, Senekot to prevent opioid induced constipation would not be medically necessary at this time. The request for Robaxin 750 mg #30 was denied because there is no evidence to support any recent acute musculoskeletal injury or that the claimant's chronic complaints were recently exacerbated to support the use of a muscle relaxer. There is little insufficient evidence within the clinical literature establishing the safety and efficacy of long-term use of muscle relaxers for the treatment of chronic musculoskeletal complaints. The request for Lidoderm patches 5%, #15 was denied because the patches are only indicated when there is a documented failure of first time oral medications for neuropathic pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MED VICODIN 5/500 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-96.

**Decision rationale:** According to the CA MTUS guidelines, Vicodin is a short-acting opioids, which is recommended for intermittent, or breakthrough pain. The medical records document the patient was diagnosed with status post L4-L5 artificial disc replacement, lumbar myofasciitis and lumbar radiculopathy. The patient was on Vicodin since 7/9/2013. In the absence of documented significant improvement of pain and function, and as this medication is indicated for short-term use, the request is not medically necessary according to the guidelines. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Therefore, the request for prescription of Vicodin is not medically necessary.

**MED SENOKOT #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use (On-Going Management).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

**Decision rationale:** According to the CA MTUS guidelines and ODG, opioid-induced constipation treatment is recommended in cases of long-term use opioid medication. The medical records document the patient was diagnosed with status post L4-L5 artificial disc replacement, lumbar myofasciitis and lumbar radiculopathy. The patient was on Senokot since 7/9/2013. However, since the opioid medication is not medically necessary, the request for Senokot

medication is not medically necessary this time according to the guidelines. The request is not medically necessary.

**MED ROBAXIN 750MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**Decision rationale:** According to the CA MTUS guidelines, Methocarbamol (Robaxin) is recommended as second-line option for short-term treatment of acute exacerbations in-patient with chronic back pain. The medication has relative sedative properties. The medical records document the patient was diagnosed with status post L4-L5 artificial disc replacement, lumbar myofasciitis and lumbar radiculopathy. The patient was on Senokot since 9/12/2013. In the absence of documented improvement of pain and function, and as this medication is not indicated for long-term use, the request is not medically necessary according to the guidelines. The request is not medically necessary.

**MED LIDODERM PATCHES 5% #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** According to the CA MTUS guidelines, Lidocaine patches are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records document the patient was diagnosed with status post L4-L5 artificial disc replacement, lumbar myofasciitis, and lumbar radiculopathy. The patient was on Lidoderm patches since 11/22/2013. In the absence of documented improvement of pain and function, and as there is no documented failure trial of first line medication, the request is not medically necessary according to the guidelines. The request is not medically necessary.