

<b>Case Number:</b>	CM14-0122691		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/04/2014

### 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 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 injured worker is a 49 year old male who reported an injury on 02/02/2010. The mechanism of injury was reported as repetitive use of the upper extremities. His diagnoses included cervical pain, cervical radiculopathy, elbow pain, entrapment neuropathy upper limb, lateral epicondylitis, shoulder pain, carpal tunnel syndrome, cervical facet syndrome, insomnia, and mood disorder. His treatments consisted of facet nerve blocks, an epidural steroid injection, and individual therapy for depression. He had an MRI of the cervical spine on 01/31/2012. His surgeries included right carpal tunnel release on 06/11/2010, left carpal tunnel release on 08/02/2010, and right lateral epicondylitis release in October 2011. On 07/10/2014 the injured worker reported his pain with medications at 3/10 and his pain without medications was 9/10. He reported that he was stable on his medications. The physical examination revealed restricted range of motion to the cervical spine. His medications included Trazodone 50mg 1 tablet at bedtime, Lyrica 150mg 1 tablet 3 times daily, Flexeril 10mg 1 tablet as needed, Nexium 40mg 1 tablet daily, Colace 100mg 1 tablet twice daily as needed, Percocet 5/325mg 1 tablet 3 times daily as needed, Senokot 8.6/50mg 1 tablet twice daily as needed, Cymbalta 60mg 1 capsule daily, and Duloxetine HCl 30mg 1 capsule twice daily. The treatment plan was for Flexeril 10 mg #30 and Colace 100mg #60. The rationale for Flexeril was the injured worker reported a decrease in myofascial tension and spastic pain and the Colace allowed him to have more frequent bowel movements. The request for authorization form was not submitted.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain chapter, Opioid induced constipation treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid-induced constipation treatment.

**Decision rationale:** The California MTUS Guidelines recommend the prophylactic treatment of constipation when initiating opioid therapy. The injured worker reported a work related injury that occurred with repetitive use of his upper extremities. The injured worker reported taking Percocet 5/325mg 1 tablet 3 times daily as needed. He was taking Colace 100mg twice daily as needed and Senokot 8.6/50mg twice daily as needed. Although it was noted that the Colace allowed him to have more frequent bowel movements, there was a lack of documentation as to why he required Colace in addition Senokot. There is insufficient clinical documentation noting that they were used together and that the injured worker has better results with the combination of medications. Furthermore, the request failed to provide details as to how frequent he would be taking the medication. As such, the request for Colace 100mg #60 is not medically necessary.

**Flexeril 10 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Muscle Relaxants, Page(s): 64, 63.

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

**Decision rationale:** As stated in the California MTUS Guidelines, Flexeril is recommended for a short course of therapy for no longer than 3 weeks. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is modest and comes at the price of greater adverse effects which is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In most cases muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker reported a work related injury that occurred with repetitive use of his upper extremities. He rated his pain at 9/10 without his medications and 3/10 with medications. The guidelines indicate that Flexeril is recommended for use no longer than 3 weeks, which the clinical documentation showed he had been taking Flexeril for several months. Furthermore, the request failed to provide detailed information such as the frequency of the medication. As such, the request for Flexeril 10mg #30 is not medically necessary.