

<b>Case Number:</b>	CM14-0159373		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	07/04/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Management 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:

According to the records made available for review, this is a 31-year-old male with a 7/4/10 date of injury, and status post left hemilaminectomy, foraminotomy, and discectomy L4-5 and L5-S1 3/3/11. At the time (9/5/14) of request for authorization for Senokot S #100, Flexeril 10mg #120, and Methadone 10mg #120, there is documentation of subjective (debilitating low back pain) and objective (lumbar spine tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region, trigger points and taut bands with tenderness to palpation noted throughout, limited lumbar range of motion, 4/5 muscle strength knee extension, ankle flexion and extension, and great toe extension, positive straight leg raise) findings, current diagnoses (failed left hemilaminectomy, foraminotomy and discectomy at L4-5 and L5-S1 3/3/11, with continues bilateral lower extremity radiculopathy, cervical myoligamentous injury, reactionary depression/anxiety with sleep disturbance, and medication induced gastritis), and treatment to date (physical therapy, epidural steroid injections, and medications (including ongoing use of Norco, Flexeril and Methadone since at least 4/14)). 9/2/14 medical report identifies an opioid assessment. Regarding the requested Senokot S #100, there is no documentation of constipation. Regarding the requested Flexeril 10mg #120, there is no documentation of an acute exacerbation of chronic low back pain, that Flexeril is being used as a second line option, an intention for short-term treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Regarding the requested Methadone 10mg #120, there is no documentation that Methadone is being used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of methadone use to date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Senakot S #100:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.pdr.net](http://www.pdr.net); [www.medscape.com/viewarticle/427442\\_5](http://www.medscape.com/viewarticle/427442_5)

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guidelines states that constipation is the most frequent side effect associated with long-term opioid therapy. In addition, Medical Treatment Guidelines support Senokot to relieve occasional constipation. Within the medical information available for review, there is documentation of diagnoses of failed left hemilaminectomy, foraminotomy and discectomy at L4-5 and L5-S1 3/3/11, with continues bilateral lower extremity radiculopathy, cervical myoligamentous injury, reactionary depression/anxiety with sleep disturbance, and medication induced gastritis. In addition, there is documentation of long-term opioid therapy. However, there is no documentation of constipation. Therefore, based on guidelines and a review of the evidence, the request for Senokot S #100 is not medically necessary..

**Flexeril 10mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of failed left hemilaminectomy, foraminotomy and discectomy at L4-5 and L5-S1 3/3/11, with continues bilateral lower extremity radiculopathy, cervical myoligamentous injury, reactionary depression/anxiety with sleep disturbance, and medication induced gastritis. However, there is no documentation of an acute exacerbation of chronic low back pain and that Flexeril is being used

as a second line option. In addition, given medical records reflecting prescription for Flexeril since at least 4/14, there is no documentation of an intention for short-term treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #120 is not medically necessary.

**Methadone 10mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone; Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of Methadone used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk, and that Methadone is being prescribed by providers with experience in using it, as criteria necessary to support the medical necessity of Methadone. In addition, MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of failed left hemilaminectomy, foraminotomy and discectomy at L4-5 and L5-S1 3/3/11, with continues bilateral lower extremity radiculopathy, cervical myoligamentous injury, reactionary depression/anxiety with sleep disturbance, and medication induced gastritis. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation that Methadone is being used as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. In addition, given medical records reflecting prescription for methadone since at least 4/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of methadone use to date. Therefore, based on guidelines and a review of the evidence, the request for Methadone 10mg #120 is not medically necessary.