

<b>Case Number:</b>	CM14-0164468		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	07/08/1993
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 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:

The injured worker is a 53 year old male with a date of injury on July 8, 1993. As per the report of August 26, 2014, he complained of neck, mid back, low back and left hip pain. He had trigger point injection in the left gluteals and this increased his pain. He had failed Cymbalta. He continued to have bilateral lower extremity numbness, tingling, and burning to his feet, left greater than right. He reported an episode of burning sensation over chest with radiation to the right arm. He continued to have associated constipation and headaches. Percocet was changed to Norco at last visit, which he tolerated well. He took Senna-S for constipation. He reported medications decreased his pain and increased his function. On exam, he had antalgic gait and used a single point cane. There was tenderness to palpation throughout his cervical, thoracic and lumbar paraspinal musculature, midline lumbar spine, and directly over the left gluteals. Decreased sensation was noted bilaterally in the L3, L4 and L5 dermatomes. Motor exam of the lower extremities was limited by pain bilaterally. He had tenderness to palpation in bilateral sacroiliac joints, and positive FABER and Gaenslen's bilaterally. Urine drug screen on 7/29/14 was consistent with his medications. Blood work on March 11, 2014 showed normal hepatic and renal function. ██████ report dated August 26, 2014 was consistent. He is on Norco, Zanaflex, Lidoderm patch and Senna-S. He rated his pain as 7/10 in March, April, and July of 2014. On August 16, 2014 he noted increased pain of 8/10. Usage of OxyContin and oxycodone were noted on January 14, 2014 to February 11, 2014. Last documented usage of Zanaflex was from January 14, 2014 to present time. There was documentation of Percocet usage from March 11, 2014 to July 1, 2014. He had been on Senna since July 1, 2014. He also used Docuprene for constipation in the past. Diagnoses include chronic pain, lumbar radiculopathy, bilateral sacroiliac joint dysfunction, and opioid-induced hyperalgesia. The request for Zanaflex 4 mg, #60

with 1 refill was denied; Norco 10/325 mg #90 with 1 refill was modified to Norco 10/325 mg #60; and Senna S #60 with 1 refill was modified to Senna S #60 on October 3, 2014.

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

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

**Zanaflex 4mg, #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration-approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity or neurological disorders causing spasticity in this injured worker. There is no documentation of trial of first line therapy. Furthermore, there is little to no evidence of any significant improvement in function with prior use. Therefore, the request of Zanaflex 4mg, #60 with 1 refill is not medically necessary and appropriate.

**Norco 10/325mg #90 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 74; 91.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The medical records do not establish failure of non-opioid analgesics, such as non-steroidal anti-inflammatory drugs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic methods of pain management such as home exercise program or relaxation techniques. There is no documentation of significant improvement in pain level (i.e. visual analog scale) or function specifically with prior use to demonstrate the efficacy of this medication. The medical documents do not support continuation of opioid pain management. Therefore, the requested Norco 10/325mg #90 with 1 refill is not medically necessary and appropriate.

**Senna S #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy (Opioids) Page(s): 77.

**Decision rationale:** The combination of docusate and senna is used to treat occasional constipation. Docusate is a stool softener. Senna is a laxative. Per California Medical Treatment Utilization Schedule guidelines, prophylactic treatment of constipation should be initiated once the injured worker is started on opioids. In this case, there is documentation of continued constipation and there is no significant improvement with continuous use. Furthermore, bowel hygiene such as hydration, proper diet and exercise has not been addressed. Nonetheless, Norco was determined to not be appropriate. Therefore, the request for Senna S #60 with 1 refill is not medically necessary and appropriate.