

<b>Case Number:</b>	CM14-0040739		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/26/2001
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61-year-old male who has submitted a claim for Disc Bulges at L1-2, L3-4, and L5-S1; Discogenic Disease from L1-5; Neural Foraminal Narrowing at L2-3, L3-4, and L4-5; Posterior Disc Protrusion with Narrowing at L4-5 Level with Moderate Central Canal Narrowing; and Facet Hypertrophy at L5-S1, associated with an industrial injury date of December 26, 2001. Medical records from 2006 through 2014 were reviewed, which showed that the patient complained of right lower extremity pain. He also complained of low back pain and spasms, which flared up from time to time. On physical examination, the patient was ambulatory and gait was normal. Lumbar spine examination revealed a surgical scar. Range of motion was restricted. Paravertebral muscle tenderness was noted. Straight leg raise test was positive bilaterally. No motor deficits were reported but there was decreased sensation on the right L4 and L5 dermatomes. Treatment to date has included spinal cord stimulator, trigger point injections, and medications including cyclobenzaprine 10 mg three times a day (since at least July 26, 2006), Norco 10/325 mg four times a day (since at least May 2013), and Amitiza 24 mcg twice a day for constipation (since at least May 2013). Utilization review from March 20, 2014 modified the request for Flexeril 10 mg #90 with 5 refills to Flexeril 10 mg #90 with 1 refill for prn use during exacerbations because the patient did not meet the criteria for continued use of Flexeril; and Norco 10/325 mg #120 with 5 refills to Norco 10/325 mg #120 without refills for weaning purposes. The same utilization review denied the request for Amitiza 24 mcg #60 with 5 refills because the patient was also taking Colace for constipation and the details regarding constipation and a gastrointestinal exam were not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg #90 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, cyclobenzaprine was being prescribed since at least July 26, 2006 (8 years to date). However, guidelines suggest that short course treatment with cyclobenzaprine is better. The records failed to specify the duration of Flexeril use. Therefore, the request for Flexeril 10 mg #90 with 5 refills is not medically necessary.

**Norco 10/325 mg #120 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Norco was being prescribed since at least May 2013 (15 months to date). However, given the 2001 date of injury, the exact duration of opioid use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. Although opioids may be appropriate, additional information would be necessary as CA MTUS require clear and concise documentation for ongoing opioid management. Therefore, the request for Norco 10/325 mg #120 with 5 refills is not medically necessary.

**Amitiza 24 mcg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lubiprostone (Amitiza®).

**Decision rationale:** CA MTUS does not specifically address lubiprostone. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the Official Disability Guidelines (ODG) was used instead. ODG states that lubiprostone is recommended only as a possible second-line treatment for opioid-induced constipation. In this case, Amitiza was being prescribed since at least May 2013 (15 months to date). However, Colace 100 mg capsule was also being prescribed alongside Amitiza for constipation. The records did not provide a rationale regarding the concomitant use of these two medications for constipation. Furthermore, the records also did not clearly reflect the presence of gastrointestinal complaints. There is no clear indication for continued use of Amitiza. Therefore, the request for Amitiza 24 mcg #60 with 5 refills is not medically necessary.