

<b>Case Number:</b>	CM14-0072592		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/21/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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 Occupational 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 injured worker is a 51-year-old male with date of injury 05/21/2003. The medical document associated with the Request for Authorization, a primary treating physician's Progress Report, dated 04/28/2014, lists subjective complaints as pain in the low back with radicular symptoms to both thighs. Objective findings are demonstrated on examination of the lumbar spine revealing restricted range of motion and tenderness and spasm of the paravertebral muscles upon percussion. Straight leg test was positive on the right side at 30 degrees and on the left in sitting at 20 degrees. On sensory examination, light touch sensation was decreased over the lower extremity on the left side. Diagnoses are cervical disc degeneration, post cervical laminectomy syndrome, post lumbar laminectomy syndrome, and lumbar radiculopathy. The medical records supplied for review document that the patient has been taking the following medications for at least as far back as 6 months: Colace 100mg, #60 SIG: take 1 twice daily, Senekot-S, #60 SIG: take 2 at bedtime, and Lidoderm 5% patch: 2 patches to skin Q day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Colace 100 mg. #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 Pharmacological Therapy; McKay SL, Fravel M. Scanlon C. Management of Constipation. Iowa City (IA): University of Iowa Gerontological

Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct.51p.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient should be weaned from narcotics which makes a laxative not medically necessary.

**Senekot-S #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 Pharmacological Therapy; McKay SL, Fravel M. Scanlon C. Management of Constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct.51p.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient should be weaned from narcotics which makes a laxative not medically necessary.

**Lidoderm 5% patch # 60 with 5 refills:** Upheld

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

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

**Decision rationale:** Lidoderm is the brand name for a Lidocaine patch produced by [REDACTED]. Topical Lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The patient does not suffer from post-herpetic neuralgia or localized peripheral pain.