

<b>Case Number:</b>	CM14-0073930		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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:

This is a 49-year-old female with a 4/4/01 date of injury. The mechanism of injury occurred as a result of doing heavy computer work on a sales database. According to a progress report dated 6/23/14, the patient complained of persistence neck pain. She walked in her own accord from the waiting room, not on an ambulance gurney like she did on her previous visit. She stated that her right upper extremity pain had completely resolved and felt much better. However, she continued to have numbness and tingling and pain down the left upper extremity. Her current medication regimen brought her pain level down from an 8/10 to a 5-6/10 on a 1-10 scale and allowed her to do some things around the home. Objective findings: patient moved very slowly, walking on her own accord with well-healing surgical scar on her neck. Diagnostic impression: bilateral thoracic outlet syndrome left C6 radiculopathy, lateral epicondylitis bilaterally. Treatment to date: medication management, activity modification, surgery, physical therapy. A UR decision dated 5/14/14 denied the request for Zanaflex 4 mg #120 and modified the request for Senokot 8 mg 360 tablets with four refills to 360 tablets with zero refills. Regarding Zanaflex, there is no evidence of the patient having had muscle spasms and it does not appear that the patient was experiencing an exacerbation of symptoms, but rather continued chronic pain. Regarding Senokot, with the support from evidence-based guidelines, the request for Senokot is appropriate, however the amount of medication the provider is requesting does not appear to be medically necessary. The patient has been instructed to take six tablets daily and is to return to the provider within a couple of months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most lower back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been on Zanaflex since at least 2/11/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient suffers from muscle spasms. Furthermore, there is no documentation that the patient has recently suffered from an acute exacerbation of her pain. Therefore, the request for Zanaflex 4 mg #120 was not medically necessary.

**Senokot 8 mg #360 with four refills:** 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: FDA (Senna).

**Decision rationale:** CA MTUS does not address this issue. The FDA states that Senna is indicated for short-term treatment of constipation; for preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. The patient is noted to be on Norco. Guidelines support the use of prophylactic treatment of constipation with Senna during opioid use. However, this is a request for a 10-month supply of Senokot since the patient is taking 6 tablets per day. It is noted in a 6/23/14 progress note that the patient has been instructed to follow-up with the provider every 2 months instead of every month. A specific rationale identifying why the patient requires a 10-month supply of this medication at this time was not provided and is excessive. Therefore, the request for Senokot 8 mg #360 with four refills was not medically necessary.