

<b>Case Number:</b>	CM14-0192512		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 Family 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 worker is a 54 year old female who was injured on 2/22/2006. She was diagnosed with lumbar disc disease with radiculitis and reflex sympathetic dystrophy of the lower limb. She was treated with surgery (lumbar laminectomy), physical therapy, and multiple medications including anti-epileptics, NSAIDs, muscle relaxants, opioids, topical analgesics, and medications for treating constipation. She also attended a functional restoration program. On 3/3/2014, the worker reported her neck/back/legs pain was rated at 9/10 while taking Naproxen, Vicodin, Diazepam, Lidoderm, Trazodone, Colace, Senna, omeprazole, gabapentin, and OxyContin. The same pain level was reported going back even farther (9/13/13). After many months of similar complaints and medication use, she was again seen by her pain specialist reporting 9/10 pain level rated neck/back/leg pain with the use of her medications (gabapentin, omeprazole, Senna, Colace, Naproxen, Hydrocodone/APAP, Vicodin ES, and Trazodone) except for the Lidoderm, Diazepam, and cyclobenzaprine, each of which had been denied and were not being taken at the time. She denies any other changes with her symptoms and medication use. Physical examination included tenderness of the upper back and neck, normal reflexes, normal strength, and normal sensation of the upper extremities. No documentation of examination of lower extremities and lumbar spine was included in the note. She was then recommended to refill all of her medications, including the ones that were stopped due to denial of approval.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6 mg, sixty counts:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment. Other Medical Treatment Guideline or Medical Evidence: Medscape: Senna (<http://reference.medscape.com/drug/senokot-exlax-regular-strength-senna-342030#0>).

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Senna is a stimulant laxative used for constipation. It is indicated for short-term use, up to 1 week. Stimulant laxatives can lead to dependence electrolyte abnormalities, and should not be used chronically, if possible. In the case of this worker, there was insufficient evidence to suggest she experienced constipation which was not reported in the many months prior to this request for renewal, and no records from the time the Senna was introduced was available for review. There also was no evidence to suggest that she had fully trialed first line therapy for constipation if she did experience it before initiation of Senna. Therefore, the Senna, according to the evidence provided is medically unnecessary to continue.

**Colace 100 mg, sixty counts:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation website [www.drugs.com/pro/ducosate-sodium.html](http://www.drugs.com/pro/ducosate-sodium.html)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Opioid-induced constipation treatment. Other Medical Treatment Guideline or Medical Evidence: Medscape: Colace: (<http://reference.medscape.com/drug/colace-dss-docusate-342012#0>).

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Colace is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and

is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, there was insufficient evidence to suggest she experienced constipation which was not reported in the many months prior to this request for renewal, and no records from the time the Colace was introduced was available for review. There also was no evidence to suggest that she had fully trialed first line therapy for constipation if she did experience it before initiation of Colace. Therefore, the Colace, according to the evidence provided is medically unnecessary to continue.

**Lidoderm patches 5%, thirty counts:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 - 57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Topical Analgesics, Lidocaine Page(s): 56-57, 112.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she had used Lidoderm off and on with the same pain rating (9/10 on the pain scale). Also, there was no objective physical examination evidence from the time of this request which demonstrated neuropathic pain. Therefore, it seems that the Lidoderm was not appropriate or at least not providing significant pain relief to justify its continuation. Therefore, the Lidoderm is not medically necessary to continue.

**Diazepam 10 mg, thirty counts:** 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), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, she had been using Diazepam chronically for many months. Provider progress notes document her pain levels at 9/10 on the pain scale with and without the use of this medication, which suggests it was not providing much benefit. Therefore, due to this medication not showing evidence of significant pain relief and increased function and generally not being recommended for chronic use, it is medically unnecessary to continue.

**Cyclobenzaprine HCL 5 mg, sixty counts: Upheld**

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

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, she had been using cyclobenzaprine chronically for many months. Provider progress notes document her pain levels at 9/10 on the pain scale with and without the use of this medication, which suggests it was not providing much benefit. Therefore, due to this medication not showing evidence of significant pain relief and increased function and generally not being recommended for chronic use, it is medically unnecessary to continue.