

<b>Case Number:</b>	CM14-0197416		
<b>Date Assigned:</b>	12/05/2014	<b>Date of Injury:</b>	07/07/2003
<b>Decision Date:</b>	01/22/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 59 year old woman with a date of injury of 7/7/03. She was seen by her provider on 10/22/14 with complaints of neck and interscapular pain. She was independent with ambulation and noted that her pain meds made her pain better. Medication side effects were documented as none. Her exam showed cervical tenderness and decreased neck range of motion at the extremes. Her exam was otherwise 'non-focal'. Her diagnoses included DDD of cervical spine, status post ACDF and neck pain. She was to 'continue same' which included prescriptions for her medications. At issue in this review are the request for medications: flexeril, opana ER, Percocet, zanaflex and Lidoderm patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Flexeril 5mg 1 po Q8 hours, #84, refills: 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2013. The medical course has included use of medications including muscle relaxants. Non-sedating muscle

relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any spasm on physical exam or improvement in pain, functional status or a discussion of side effects to justify use. There are also no spasms documented on exam. The request for Flexeril is not medically necessary.

**Opana ER 20mg 1 po BID #56, refills: 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2003. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opana ER to justify use. The request for Opana ER is not medically necessary.

**Percocet 10/325mg 1 po 5 times per day, #140, refills: 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2003. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to percocet to justify use. The request for Percocet is not medically necessary.

**Zanaflex 4mg 1 po tid #84, refills: 0: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2013. The medical course has included use of medications including muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 10/14 fails to document any spasm on physical exam or improvement in pain, functional status or a discussion of side effects to justify use. There are also no spasms documented on exam. The request for Zanaflex is not medically necessary.

**Senokot S 1 po tid #168, refills: 168:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date : Docusate and Senna -drug information and Management of chronic constipation in adults

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2003. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. Docusate and senna is a stimulant laxative in combination with a stool softener. Senna is used for the short-term treatment of constipation and it's unlabeled use is to evacuate the colon for bowel or rectal examinations or prevention of opioid-induced constipation. This injured worker is taking opioid analgesic but the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the Senokot-S. Therefore, the request is not medically necessary.

**Lidoderm 5% patch 1-2 patches 12 degree on 12 degree #60, refills: 0:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2003. The medical course has included numerous treatment modalities and use of several medications including narcotics and muscle relaxants. 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. The records do not document a discussion of efficacy with regards to Lidoderm patch or a discussion of potential side effects. The medical

records do not support medical necessity for the prescription of Lidoderm in this injured worker. Therefore, the request is not medically necessary.