

<b>Case Number:</b>	CM15-0008699		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/12/2007
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 who sustained an industrial injury on 12/12/07. The injured worker has undergone spinal surgery and pain is currently being maintained with pain medications. The injured worker presented on 12/22/2014 with complains of persistent low back pain with radiation into the left lower extremity as well as severe muscle spasm. The current medication regimen includes acetaminophen/codeine, naproxen sodium 550 mg, tizanidine 2 mg, tramadol ER 150 mg, and vitamin D. Upon examination of the lumbar spine, there was spasm noted in the paraspinous musculature, tenderness to palpation over the spinal vertebral areas at L4-S1, moderately limited range of motion secondary to pain, decreased sensitivity to touch along the L4-S1 distributions in the left lower extremity, and diminished motor strength in the left lower extremity. Recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Gabapentin 300mg #90 refill;1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The California MTUS Guidelines state antiepilepsy drugs are recommended for neuropathic pain. There is no indication that this injured worker is currently utilizing gabapentin 300 mg. Additionally, there was no frequency listed in the request. Given the above, the request is not medically appropriate.

**Senokot 8.6/50mg #60 refill;1:** 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): 70. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid Induced Constipation Treatment.

**Decision rationale:** The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The injured worker does not maintain a diagnosis of chronic constipation. The medical necessity has not been established in this case. The Official Disability Guidelines recommend first line treatment for opioid induced constipation to include increasing physical activity, maintaining appropriate hydration, and advising the patient to follow a proper diet. There was no indication that this injured worker has attempted first line treatment prior to the initiation of a prescription product. Given the above, the request is not medically appropriate at this time.

**Tizanidine Hydrochloride tablet #90 refill;1:** 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:** The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. The injured worker has continuously utilized the above medication without any evidence of objective functional improvement. The guidelines do not recommend long term use of muscle relaxants. There was also no frequency listed in the request. As such, the request is not medically appropriate.