

<b>Case Number:</b>	CM15-0135146		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/12/1993
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 57-year-old male, who sustained an industrial injury on 12/12/1993. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar post laminectomy syndrome, muscle spasm, myofascial pain syndrome and thoracic or lumbosacral neuritis or radiculitis. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/11/2015, the injured worker complains of pain in the low back, bilateral lower and upper extremities and neck, rated 6/10. Physical examination showed paravertebral thoracic muscle spasm, trigger points, decreased lumbar range of motion with lumbar muscle spasm, and trigger point. The treating physician is requesting Flexeril 10 mg twice daily #60 and Docusate sodium 100 mg twice daily #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg 1 twice-daily #60:** 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 Pain Interventions and Guidelines Page(s): 63.

**Decision rationale:** Flexeril is the muscle relaxant cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case, the quantity of medication requested is sufficient for 30 days. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be medically necessary.

**Docusate sodium 100mg 1 bid #60:** Overturned

**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 Official Disability Guidelines (ODG) Pain Opioid-induced constipation treatment and Other Medical Treatment Guidelines Drugs for Irritable Bowel Syndrome Treatment Guidelines from The Medical Letter July 1, 2011.

**Decision rationale:** Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. If prescribing opioids has been determined to be appropriate, then ODG recommend that prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Docusate is a stool softener. It works by increasing the amount of water that is absorbed by the stool in the gut. In this case, there is documentation of persistent constipation secondary to opioid use. Treatment for constipation is indicated. The request should be medically necessary.

