

<b>Case Number:</b>	CM15-0185761		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 66 year old male who sustained an industrial injury September 25, 2014. Past treatment included medication management, six sessions of physical therapy, and six sessions of chiropractic therapy. Past history included hypertension, left knee surgery 2009, and insomnia. According to a treating physician's progress notes dated July 23, 2015, the injured worker presented with complaints of chronic mid-back pain. Objective findings included; bilateral neck pain, with radiation right and left C2, C6 distribution and both arms; bilateral upper extremity weakness and tingling. He reports to cooking and housekeeping with minimal assistance and shopping and yard work with moderate assistance. The physician documented an MRI of the cervical spine dated July 23, 2015, as moderate arthritic changes primarily C2-3 through C4-5; small left paracentral disc protrusion and osteophyte complex with narrowing of the lateral recess on the left C3-4 left more than right facet joint and uncovertebral arthropathy; small posterior central bony and disc protrusion, osteophyte complex at C2-3 and mild central spinal canal narrowing; minimal disc desiccation of disc bulges at other levels; spinal cord normal. An MRI of the thoracic spine dated May 10, 2015; moderate degenerative changes in the thoracic spine compromised of anterior column spur at mid to distal levels; spurs project ventrally into the right; there is no significant focal annular bulge or herniation; the spur is most prominent at T8-9 and is associated with mild endplate edema; extra renal pelvis is noted on the left. Diagnoses are cervical radiculitis; degeneration of cervical intervertebral disc; myofascial pain; degeneration of thoracic intervertebral disc; chronic pain. At issue, is a request for authorization for Colace and Skelaxin. According to utilization review dated August 21, 2015, the request for Naprosyn 500mg Tablet, take (1) tablet twice a day by oral route #60 (prescribed 07-23-2015) is certified. The request for Gabapentin 100mg Capsule, take (1) capsule every day

by oral route at bedtime #30 (prescribed 07-23-2015) is certified. The request for Skelaxin 800mg tablet, take (1) tablet every day by oral route at bedtime #30 (prescribed 07-23-2015) is non-certified. The request for Colace 100mg capsule, take (1) capsule twice a day by oral route #60, refills (2) (prescribed 07-23-2015) is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retro Skelaxin 800 mg #30 prescribed on 7/23/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Metaxalone (Skelaxin), Muscle relaxants (for pain).

**Decision rationale:** According to the guidelines, Skelaxin is 2nd line treatment is 1st line treatment has failed. It is intended for short-term use. In this case, the Skelaxin was prescribed for several months in combination with NSAIDS. Long-term use is not recommended. Failure of other medications is not provided. Continued Skelaxin use is not medically necessary.

#### **Retro Colace 100 mg #60 with 2 refills prescribed on 7/23/2015: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** According to the MTUS guidelines, prophylaxis for constipation should be provided when initiating opioids. In this case, the claimant had been on opioids on months. In addition, there was no recent abdominal/rectal exam noting issues with constipation or stool. The use of laxatives is intended for short-term use. The claimant was not on opioids and was on Colace for over a month. Continued use of Colace with 2 additional refills is not justified and is not medically necessary.