

<b>Case Number:</b>	CM15-0195763		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/17/2011
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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

Certification(s)/Specialty: Internal 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 48 year old male who sustained an industrial injury on 6-17-11. A review of the medical records indicates he is undergoing treatment for chronic pain, cervical spine disc displacement, cervical radiculitis, cervical radiculopathy, status post cervical spinal fusion, lumbar radiculitis, lumbar radiculopathy, bilateral elbow pain, bilateral hand pain, left knee pain, bilateral shoulder pain, status post bilateral carpal tunnel release, constipation secondary to opiates, and myofascial pain syndrome. Medical records (6-8-15 to 8-31-15) indicate ongoing complaints of neck pain that radiates down the bilateral upper extremities, affecting the right side greater than the left side. The pain is associated with intermittent tingling in the bilateral upper extremities and intermittent numbness in bilateral upper extremities "to the level of the hands". He also complains of low back pain that radiates down bilateral lower extremities. He rates the pain "8 out of 10" with use of medications and "10 out of 10" without use of medications. He also reports that his constipation is "severe". The records indicate that the "current stool softener controls symptoms". The physical exam (8-31-15) reveals spinal tenderness in the cervical spine, C4-7. Range of motion is noted to be "severely limited due to pain". Pain is noted to be "significantly increased with flexion, extension, and rotation". Sensory exam shows decreased sensation in bilateral upper extremities. Tenderness is noted on palpation of the right wrist. "Mild, moderate" swelling is noted in the right hand and upper extremity. Tenderness is also noted on palpation at the right hip trochanteric bursa and the right hip. The sensory exam is "within normal limits". The motor examination is also noted to be "within normal limits" in bilateral upper and lower extremities. The effects of his symptoms on

activities of daily living include difficulty with self-care and hygiene, activity, walking, hand function, sleep, and sexual activity. Diagnostic studies have included a CT scan of the cervical spine and an MRI of the cervical, thoracic, and lumbar spine. Treatment has included Toradol injections, physical therapy, use of a TENS unit, activity modification, a home exercise program, and medications. His current (8-31-15) medications include Senna-docusate 50-8.6mg, 2 tablets twice daily, Tizanidine 4mg twice daily, Gabapentin 600mg, ½ tablet twice daily, Butrans 10mcg per hour patch, 1 patch every 7 days, and Norco 10-325. The records indicate that he has been receiving these medications, at least, since 6-18-15. He is currently (8-31-15) not working. The utilization review includes requests for authorization of Tizanidine 4mg twice daily #60, Gabapentin 600mg, ½ tablet twice daily #30, Butrans 10mcg per patch, 1 patch every 7 days #4, and Senokot S 50-8.6, 2 tablets twice daily, #120. All requests were denied.

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

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

**Tizanidine 4mg bid #60: Upheld**

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

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

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex) is FDA approved for management of spasticity and its use for low back pain is unlabeled. Documentation fails to demonstrate significant objective improvement in the injured workers pain with the use of Tizanidine. Furthermore, physician report at the time of the request under review fails to show clinical findings of spasticity. With MTUS guidelines not being met, the request for Tizanidine 4mg bid #60 is not medically necessary.

**Butrans 10mcg/patch 1 q 7 days #4: 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): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Buprenorphine for chronic pain.

**Decision rationale:** Buprenorphine is a schedule-III controlled substance. Per guidelines, Butrans patch (Buprenorphine) is recommended as an option for treatment of chronic pain in selected patients, including those with a hyperalgesic component to pain, centrally mediated

pain, neuropathic pain or at high-risk of non-adherence with standard opioid maintenance. It is also recommended for analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Documentation revealed that the injured worker has chronic pain. Physician reports fail to show significant objective improvement in pain or level of function to justify the continued use of Butrans patch. The request for Butrans 10mcg/patch 1 q 7 days #4 is not medically necessary.

**Senokot S 50/8.6mg 2 tabs bid #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Online Edition, 2015 Chapter: Pain (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.nlm.nih.gov/medlineplus/druginfo/](http://www.nlm.nih.gov/medlineplus/druginfo/).

**Decision rationale:** MTUS does not address this request. Senna is an FDA-approved nonprescription laxative used to treat constipation and to clear the bowel before diagnostic tests such as colonoscopy. Senna may also be used in the treatment of irritable bowel syndrome (IBS), hemorrhoids, and weight loss. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Senna to treat opioid-induced constipation is no longer indicated. The request for Senokot S 50/8.6mg 2 tabs bid #120 is not medically necessary.

**Gabapentin 600mg 1/2 tab bid #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage). After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Documentation fails to show significant objective improvement in pain or level of function to support the medical necessity for continued use of Gabapentin. The request for Gabapentin 600mg 1/2 tab bid #30 is not medically necessary by MTUS.