

<b>Case Number:</b>	CM15-0204976		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/14/2005
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: 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:

This injured worker is a 50 year old male, who sustained an industrial injury on 09-14-2005. The injured worker was diagnosed as having chronic pain - other, cervical disc degenerative, cervical radiculopathy, status post cervical spinal fusion, lumbar facet arthropathy, lumbar radiculopathy, bilateral hip pain and right shoulder pain. On medical records dated 07-14-2015 and 09-15-2015, the subjective complaints were noted as neck pain that radiates down bilateral upper extremity and low back pain that radiates down the bilateral lower extremity. The injured worker reported muscle spasm in the low back. Pain was rated at 7-8 out of 10 with medication and 9 out of 10 without medication. Objective findings were noted as cervical spine revealed a brace a place, spinal vertebral tenderness was noted in the cervical pain C5-C7 and range of motion was limited due to pain. Lumbar spasms were noted in the paraspinous musculature and range of motion was limited as well. Bilateral hand rash with mild swelling was noted. Tenderness was noted on palpation of bilateral hips. Treatment to date included medication and epidural injections. The injured worker was noted to be not working. Current medications were listed as Enalapril Maleate, Gabapentin, Pantoprazole, Senna S, Tizanidine HCL, Tramadol, and Ibuprofen. The Utilization Review (UR) was dated 10-14-2015. The UR submitted for this medical review indicated that the request for Senokot 8.6-50mg #60 (script date 10-07-2015), Tizanidine 2mg #90, and Tramadol 50mg #120 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senokot 8.6/50mg, #60 (script date 10/7/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The requested Senokot 8.6/50mg, #60 (script date 10/7/15), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, page 77, noted in regards to opiate treatment that opiates have various side effects, that include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has low back pain that radiates down the bilateral lower extremity. The injured worker reported muscle spasm in the low back. Pain was rated at 7-8 out of 10 with medication and 9 out of 10 without medication. Objective findings were noted as cervical spine revealed a brace a place, spinal vertebral tenderness was noted in the cervical pain C5-C7 and range of motion was limited due to pain. Lumbar spasms were noted in the paraspinous musculature and range of motion was limited as well. Bilateral hand rash with mild swelling was noted. The treating physician has not documented the duration of opiatetherapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Senokot 8.6/50mg, #60 (script date 10/7/15) is not medically necessary.

**Tizanidine 2mg, #90: 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:** The requested Tizanidine 2mg, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain that radiates down the bilateral lower extremity. The injured worker reported muscle spasm in the low back. Pain was rated at 7-8 out of 10 with medication and 9 out of 10 without medication. Objective findings were noted as cervical spine revealed a brace a place, spinal vertebral tenderness was noted in the cervical pain C5-C7 and range of motion was limited due to pain. Lumbar spasms were noted in the paraspinous musculature and range of motion was limited as well. Bilateral hand rash with mild swelling was noted. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective

evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 2mg, #90 is not medically necessary.

**Tramadol 50mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** The requested Tramadol 50mg, #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain that radiates down the bilateral lower extremity. The injured worker reported muscle spasm in the low back. Pain was rated at 7-8 out of 10 with medication and 9 out of 10 without medication. Objective findings were noted as cervical spine revealed a brace in place, spinal vertebral tenderness was noted in the cervical spine C5-C7 and range of motion was limited due to pain. Lumbar spasms were noted in the paraspinal musculature and range of motion was limited as well. Bilateral hand rash with mild swelling was noted. The treating physician has not documented: failed first-line opiate trials, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg, #120 is not medically necessary.