

<b>Case Number:</b>	CM15-0055629		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	08/30/2001
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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 65-year-old female who reported injury on 08/30/2001. The mechanism of injury was a slip and fall. Prior therapies included acupuncture. The appeal letter dated 03/05/2015 revealed the injured worker was treated initially with physical therapy and epidural steroid injections as well as lumbar facet blocks without benefit. The injured worker was noted to be on hydrocodone and Flexeril for almost 10 years. The injured worker had complaints of axial low back pain and left sided buttock pain. The pain level was 5/10 with medications and 9/10 or 10/10 without medications. The physical examination revealed tenderness to palpation at the lumbosacral junction with associated muscle tension and spasm along the lumbar paraspinal muscles. Range of motion was decreased. Sensation was intact. The injured worker was utilizing lactulose for constipation and a history of constipation with oral medications and complained of ongoing constipation. The injured worker indicated that the medication was beneficial. Regarding the use of Celebrex, the injured worker was utilizing Celebrex for an exacerbation of anti-inflammatory pain relief for which the documentation indicated the injured worker was tolerating the medication without side effects. The injured worker was utilizing Cymbalta for chronic low back pain due to radiation into the left buttocks and burning pain. The injured worker had an objective decrease in pain and objective functional improvement. The documentation indicated the injured worker had trialed and failed conservative management including physical therapy, aquatic therapy, massage therapy, TENS unit and acupuncture, epidural steroid injections and facet blocks. Regarding the use of Flexeril, the injured worker was utilizing Flexeril on an as needed basis. The injured worker had muscle spasms and as such,

the use of medication was appropriate per the physician. The injured worker indicated she was able to pick items up from the floor better with less pain due to the use of the medication. Regarding the use of Lidoderm, the injured worker had objective functional improvement and an objective decrease in pain. Regarding hydrocodone, the injured worker had objective functional improvement and an objective decrease in pain. The injured worker was noted to have an appropriate urine drug screen and the side effects included constipation. For these reasons, the request was made to refill the medications.

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

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

#### **Lactulose 10gm/15 ml #480: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' desk reference, 67th ed.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had constipation as a side effect and the medication was effective. This medication would be appropriate. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for lactulose 10 gm per 15 mL #48 is not medically necessary.

#### **Celebrex 200mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain and objective functional improvement. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Celebrex 200 mg #30 is not medically necessary.

#### **Cymbalta 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Serotonin norepinephrine reuptake inhibitors (SNRIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants Page(s): 13.

**Decision rationale:** The California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The clinical documentation submitted for review indicated the injured worker had objective decrease in pain and objective functional improvement. However, there was a lack of documentation of an assessment in the changes in the use of other analgesic medications, sleep quality and duration and psychological assessments. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cymbalta 20 mg #60 is not medically necessary.

**Cyclobenzaprine 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, this medication was noted to be taken for an extended duration of time and as such, is not supported by the guidelines. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 10 mg #60 is not medically necessary.

**Docusate Sodium 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' desk reference, 67th ed.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the injured worker had

constipation as a side effect and the medication was effective. This medication would be appropriate. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for docusate sodium 100 mg #60 is not medically necessary.

**Hydrocodone-APAP 5/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone-APAP 5/325 mg #60 is not medically necessary.