

<b>Case Number:</b>	CM15-0126882		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old female who sustained an industrial injury on April 15, 2013. She has reported injury to the left hip and back and has been diagnosed with cervical spine degenerative disc disease with herniated nucleus pulposus and right upper extremity radiculopathy, lumbar spine herniated nucleus pulposus at L4-5 with lateral recess and foraminal stenosis and associated lower extremity radiculopathy left greater than right, left knee internal derangement and bursitis, right shoulder internal derangement with a type II slap tear, post-concussion syndrome with headaches, left hip internal derangement with greater trochanteric bursitis, and left hip arthroscopy for debridement of loose bone fragments. Treatment has included medical imaging, injection, medications, and physical therapy. There was tenderness of the cervical spine with decreased range of motion. There was tenderness of the lumbar spine with decreased range of motion. The straight leg was positive on the left at 45 degrees and the right side was about 60 degrees. Lumbar MRI revealed at L4-5 a small disc protrusion effacing the thecal sac with hypertrophy of the ligamentum flavum, as well as lateral recess stenosis. There is root sleeve effacement and encroaching on the budding bilateral L5 nerve roots. Cervical MRI showed moderate central and some bilateral foraminal narrowing. The treatment request included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective pharmacy purchase of Colace (Docusate sodium) #100. DOS 05/26/2015:**  
Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** The claimant sustained a work injury in April 2013 and continues to be treated for neck pain, right shoulder pain, and migraine headaches. When seen, there was cervical paraspinal tenderness and multiple trigger points. There was cervical and lumbar tenderness with decreased range of motion. Straight leg raising was positive bilaterally. Norco was being prescribed on a long-term basis. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, the claimant was being prescribed Norco on a long-term basis. Colace was medically necessary.

**Retrospective pharmacy purchase of Flexeril (Cyclobenzaprine) #30. DOS 05/26/2015:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant sustained a work injury in April 2013 and continues to be treated for neck pain, right shoulder pain, and migraine headaches. When seen, there was cervical paraspinal tenderness and multiple trigger points. There was cervical and lumbar tenderness with decreased range of motion. Straight leg raising was positive bilaterally. Norco was being prescribed on a long-term basis. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than three weeks of use and was not medically necessary.