

<b>Case Number:</b>	CM15-0077387		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/10/2000
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Preventive Medicine, Occupational 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 50 year old male who sustained an industrial injury on 08/10/2000. Diagnoses include chronic pain syndrome, cervicgia, lumbar spinal stenosis, chronic low back pain, lumbar radiculopathy, neuritis, and degenerative disc disease of the cervical and lumbar spine, right shoulder pain, status post treatment of a head injury, tinnitus, and depression and generalized anxiety disorder. Treatment to date has included diagnostic testing, aqua therapy, walking, and medications. A physician progress note dated 03/18/2015 documents the injured worker presents for medication maintenance. He has pain in his head, right leg, neck, right shoulder and bilateral low back. With medications, his pain is 4 out of 10 at its best, his average pain is 5 out of 10, and his worst pain is 6 out of 10. Without medications his least pain is 5 out of 10, his average pain is 6 out of 10, and the worst pain is 9 out of 10 with one being the least pain and 10 being the worst pain. He complains of vision loss, ringing in his ears, shortness of breath with exertion, memory loss, anxiety, muscle cramps, bone pain, joint pain, joint stiffness and back pain. He has decreased sensation in the right hand versus the left and decreased strength bilateral hand grip. He can only abduct the right shoulder to about 110 degrees. He is able to socialize and take his son to school and sporting events with his medications. Without his medication, he is non-functional and bedridden. The treatment plan is for medications, return visit in 30 days or sooner if new or worsening symptoms. Treatment requested is for Senna 8.6/50mg, # 60, and Cyclobenzaprine HCL 10mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Senna 8.6/50 mg, sixty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS Guidelines support the prophylactic treatment of constipation when Opioids are utilized. This individual meets this Guideline criteria. There is no specific MTUS recommendation that certain lifestyle issues have to be addressed first prior to utilization of stool softener etc. Guidelines support the use of Senna 8.6/50mg #60, it is medically necessary.

**Cyclobenzaprine HCL 10 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** MTUS Guidelines recommend only short term use of Cyclobenzaprine i.e. up to 3 weeks and then possible short term use for distinct flare-ups. Guidelines do not support the daily chronic use that appears to be instituted by the extent of the prescription. There are no unusual circumstances to justify an exception to Guidelines. The Cyclobenzaprine HCL 10mg #90 is not medically necessary.