

<b>Case Number:</b>	CM15-0094435		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, 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 (IW) is a 52-year-old male who sustained an industrial injury on 11/02/2009. Diagnoses include long-term use meds NEC, lumbar disc displacement without myelopathy and pain in joint-lower leg. MRI of the right knee on 1/11/12 showed evidence suggesting a posterior horn remnant tear of the meniscus and a small suprapatellar effusion. MRI of the lumbar spine on 12/4/09 showed degenerative disc changes at L2-3, L3-4 and L4-5, combined with facet joint hypertrophy causing bilateral, left greater than right, neural foraminal narrowing without definite canal stenosis. Electromyography (EMG) of the bilateral lower extremities on 6/7/10 was normal. Treatment to date has included medications, group psychotherapy, lumbar epidural steroid injections, left knee surgery and physical therapy. According to the PR2 dated 1/20/15, the IW reported back and knee pain. The pain is moderate with Morphine, Flexeril and gabapentin and moderately severe without it. On examination, there were muscle spasms and guarding noted in the lumbar spine with decreased range of motion. A request was made for Senokot-S 8.6-50mg, #60 for constipation, Gabapentin 800mg, #45 for nerve pain and Orphenadrine ER 100mg, #90 for muscle spasms. The records indicated the IW has done well with the medications and he has difficulty performing activities of daily living without them.

### 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: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Senokot, California Pain Medical Treatment Guidelines support the prophylactic treatment of constipation for patients utilizing opioids. Within the documentation available for review, the patient is noted to be utilizing opioids. However, another laxative is also currently being utilized and it has been noted to be effective for this patient in the past. There is no clear rationale presented identifying the necessity of multiple concurrent laxatives for this patient taking a single long-acting opioid. In the absence of clarity regarding the above issues, the currently requested Senokot is not medically necessary.

**Gabapentin 800mg #45: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Fibromyalgia, Weaning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for gabapentin (Neurontin), Chronic Pain Medical Treatment Guidelines state that anti-epilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. Within the documentation available for review, the provider notes that the patient obtains significant functional improvement in general from the medications and the gabapentin specifically gives significant relief of burning pain. As such, the currently requested gabapentin (Neurontin) is medically necessary.

**Orphenadrine ER 100mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Muscle Relaxants).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for orphenadrine ER, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution

as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine ER is not medically necessary.