

<b>Case Number:</b>	CM14-0012989		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 45 year-old male with a 3/9/11 date of injury. The patient was seen on 12/16/13 with complaints of lumbar spine pain and for a medication refill. The patient complained of nausea and vomiting, constipation, and insomnia. He was seen again on 1/2/14 with complaints of low back pain with radiation to the lower extremities. Exam findings revealed bilateral muscle spasm, decreased L spine range of motion, positive straight leg raise, internal stomach pain including constipation, decreased sensation over the left leg. The diagnosis is Herniated Nucleus Pulpous, and gastritis secondary to medication use. Treatment to date: chiropractic, trigger point injections, acupuncture, fact injections, lumbar epidural injections. An adverse determination was received on 1/13/14 given there was no documentation of ongoing functional gain and pain reduction with use of Norco. Fexmid was not granted as the patient's use exceeded the treatment guidelines. Zofran was not granted given the patient was not undergoing chemotherapy and this medication is not used to treat Nausea. Valium was not granted given the patient was on this medication chronically. Amitiza was also not granted, as it is not clinically indicated for use on patients with constipation secondary to chronically use of opiates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective medication (dos: 12/16/13): Norco 10/325mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician's progress notes do not have any physical exam findings describing why the patient requires ongoing therapy. There is no documentation to support a decrease in VAS or ongoing functional gains with this medication. In addition, there is no evidence of monitoring in the form of CURES reports or consistent urine drug screens. Therefore, the request for Norco is not medically necessary.

**Retrospective medication (dos: 12/16/13): Zofran 8mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Ondansetron).

**Decision rationale:** The California MTUS and Official Disability Guidelines do not address this issue. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. This patient has symptoms of nausea and stomach pain with constipation. Given the patient is on chronic opiate therapy nausea and vomiting can be caused the medication itself, or a bowel obstruction secondary to the constipation. Zofran is not indicated for these uses. There is no rationale for use of this medication, or whether it has been helpful in controlling any nausea symptoms. Therefore, the request for Zofran is not medically necessary.

**Retrospective medication (dos: 12/16/13): Fexmid 7.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

**Decision rationale:** The California MTUS states that Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. This patient has been on this medication long term, and there is not enough documentation as to the rationale this medication. There is no discussion regarding how this medication benefits the patient. In

addition, the guidelines have been exceeded with regard to duration of use of this medication. Therefore, the request for Fexmid 7.5mg, #60 is not medically necessary.

**Retrospective medication (dos: 12/16/13): Valium 10mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This patient has been on this medication long term, and there is not enough documentation as to the rationale this medication. There is no discussion regarding how this medication benefits the patient. In addition, the guidelines have been exceeded with regard to duration of use of this medication. Therefore, the request for valium 10mg, #120 is not medically necessary.

**Retrospective medication (dos: 12/16/13): Amitiza 24mcg, #60 with 2 refills: Upheld**

**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 <http://www.drugs.com/amitiza.html>.

**Decision rationale:** The California MTUS does not address this issue. Amitiza (Lubiprostone) increases the secretion of fluid in your intestines to help make it easier to pass stools (bowel movements). Amitiza is used to treat chronic constipation, or constipation caused by opiates (narcotic). It may also be used to treat irritable bowel syndrome in women with constipation as the main symptom. The Official Disability Guidelines state this medication recommended only as a possible second-line treatment for opioid-induced constipation. It is unclear what other medications the patient has tried and if the patient failed these medications (i.e. Colace). In addition, the patient has abdominal pain and there is no documentation of a work up to rule other causes of abdominal pain with constipation. Therefore, the request for Amitiza is not medically necessary.