

<b>Case Number:</b>	CM14-0016244		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	05/29/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation 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:

The patient is a [REDACTED] employee who has filed a claim for lumbago associated with an industrial injury of September 22, 2003. Thus far, the patient has been treated with epidural steroid injections latest in July 2013, H-wave neurostimulation, Fentanyl patches, opioids, muscle relaxants, Lidoderm patches, Trazodone, Cymbalta, and Gabapentin. There is note of 70% improvement following the epidural steroid injection. The patient underwent minimally invasive back surgery in October 2009. For the constipation side effect of medications, patient takes Amitiza, MiraLax, and Laxacin. The patient is also on psychiatric treatment. In a utilization review report of January 24, 2014, the claims administrator denied a request for Amitiza as other medications for constipation are already being described; Docusate and Senna as the specific Final Determination Letter for IMR Case Number CM14-0016244 3 dosage regimen was not specified, and Lidoderm as there is no documentation that tricyclic antidepressants have not been tried. A review of progress notes show persistent low back and left lower extremity pain, accompanied by burning, numbness, tingling, and weakness of the left leg. There is minimal tenderness with limited range of motion. Straight leg raise tests are negative bilaterally. There is decreased sensation in the left L5-S1 distribution.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMITIZA 24MCG:** 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 Official Disability Guidelines (ODG) Pain chapter, Lubiprostone (Amitiza).

**Decision rationale:** California MTUS does not specifically address this issue. According to ODG, Amitiza is recommended as a possible second-line treatment for opioid-induced constipation. The patient has been on this medication since at least January 2013. There is note of constipation in this patient with medication use; however, there is no indication of dosage regimen with the request. Also, progress notes indicates that patient has been able weaned off opioid medications. Therefore, the request for Amitiza 24mcg was not medically necessary per the guideline recommendations of ODG.

**DOCUSTATE SODIUM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 77. Decision based on Non-MTUS Citation FDA

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

**Decision rationale:** California MTUS does not specifically address this issue. FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. California MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. The patient has been on this medication since at least January 2013. There is still note of constipation in this patient however; there is no indication of the dosing regimen for this request. Also, progress notes indicates that patient has been able to be weaned off opioid medications. Therefore, the request for Docusate Sodium was not medically necessary per the guideline recommendations of MTUS and FDA.

**SENNA TID #90:** 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 FDA, Senna.

**Decision rationale:** California MTUS does not specifically address this issue. The FDA states that Senna is indicated for short-term treatment of constipation and preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. The patient has been on this medication since at least January 2013. This medication is not recommended for long-term use. Therefore, the request for Senna was not medically necessary per the guideline recommendations of FDA.

**LIDODERM 5% PATCH:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** As stated on pages 56-57 in the California MTUS chronic pain medical treatment guidelines, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. The patient has been on this medication since at least January 2013. In this patient, Lidoderm is being used for neuropathic pain as documentation indicated that patient failed treatment with Cymbalta, Neurontin, and Lyrica. The progress notes also report that patient is able to deter restarting Percocet and Skelaxin with Lidoderm patches. However, there is no documentation that this patient failed therapy with tricyclic antidepressants, which is a first-line therapy. Therefore, the request for Lidoderm 5% patch was not medically necessary per the guideline recommendations of MTUS.