

Case Number:	CM14-0151404		
Date Assigned:	09/19/2014	Date of Injury:	10/29/1990
Decision Date:	10/20/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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 & 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:

According to the records made available for review, this is a 61-year-old female with a 10/29/90 date of injury. At the time (9/2/14) of the Decision for Kadian 30mg #60, Voltaren gel 2-4gm 100 grams with 2 refills, and Linzess 290mcg, there is documentation of subjective (persistent moderate to severe low back pain radiating to the right lower extremity; and chronic constipation associated with neurogenic bowel) and objective (antalgic gait, limited lumbar mobility, and dysesthesia over the right lower extremity) findings, current diagnoses (lumbar radiculopathy, chronic low back pain, failed back syndrome, neurogenic bowel and bladder, insomnia secondary to pain, and neuropathic pain), and treatment to date (ongoing therapy with Linzess with relief of constipation and neurogenic bowel; and ongoing therapy with Kadian and Voltaren gel). 9/10/14 Medical report identifies a pain contract, failure of therapy with Tegretol, Lyrica, Topamax, and Oxycontin; and increased activities of daily living with use of Kadian and Voltaren gel. Regarding Kadian 30mg #60, there is no documentation that the patient is in need of continuous treatment and failure of a trial of generic extended-release morphine. Regarding Voltaren gel 2-4gm 100 grams with 2 refills, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), short-term use (4-12 weeks), and failure of an oral NSAID or contraindications to oral NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (Morphine Sulfate), Opioids Page(s): 74-80; 93. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Kadian (morphine sulfate)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies those controlled, extended and sustained release preparations of Morphine sulphate should be reserved for patients with chronic pain, who are in need of continuous treatment. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Kadian (Morphine Sulfate). ODG identifies Kadian is recommended for a trial after failure of non-opioid analgesics, short-acting opioid analgesics and after a trial of generic extended-release morphine (equivalent to MS Contin). Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, chronic low back pain, failed back syndrome, neurogenic bowel and bladder, insomnia secondary to pain, and neuropathic pain. In addition, there is documentation of chronic pain. Furthermore, given documentation of a pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, there is documentation of failure of non-opioid analgesics (Lyrica) and short-acting opioid analgesics (Oxycontin). However, despite documentation of chronic pain, there is no documentation that the patient is in need of continuous treatment. In addition, there is no documentation of failure of a trial of generic extended-release morphine. Therefore, based on guidelines and a review of the evidence, the request for Kadian 30mg #60 is not medically necessary.

Voltaren gel 2-4gm 100 grams with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium Other Medical Treatment Guideline for Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Voltaren Gel 1%. In addition, MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a

reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs, as criteria necessary to support the medical necessity of Voltaren Gel. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, chronic low back pain, failed back syndrome, neurogenic bowel and bladder, insomnia secondary to pain, and neuropathic pain. In addition, given documentation of increased activities of daily living with ongoing use of Voltaren gel, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Voltaren gel. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, given documentation of ongoing treatment with Voltaren gel, there is no documentation of short-term use (4-12 weeks). Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Voltaren Gel 1 % is not medically necessary.

Linzess 290mcg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; (<http://www.drugs.com/pro/linzess.html>)

Decision rationale: MTUS and ODG do not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of irritable bowel syndrome with constipation or chronic idiopathic constipation as criteria necessary to support the medical necessity of Linzess (linaclotide). Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, chronic low back pain, failed back syndrome, neurogenic bowel and bladder, insomnia secondary to pain, and neuropathic pain. In addition, there is documentation of chronic idiopathic constipation and ongoing treatment with Linzess with relief of constipation. Therefore, based on guidelines and a review of the evidence, the request for Linzess 290mcg is medically necessary.