

<b>Case Number:</b>	CM14-0157201		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/07/1998
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for reflex sympathetic dystrophy reportedly associated with an industrial injury of December 7, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioids; transfer of care to and from various providers in various specialties; anxiolytic medications; and extensive periods of time off of work. In a Utilization Review Report dated September 22, 2014, the claims administrator approved a request for Duragesic, approved a request for Norco, denied a request for Linzess, and partially approved a request for Restoril. The applicant's attorney subsequently appealed. In a July 14, 2014 progress note, the applicant received refills of Duragesic, Norco, and Amitiza for opioid induced constipation, and Restoril for insomnia. 6/10 pain was noted. The applicant was trying to do home exercises, it was stated. The applicant's work status was not furnished. On March 13, 2014, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue Duragesic, Norco, Amitiza, and Restoril. The applicant stated that he was using Restoril for sedative effect purpose. On June 17, 2014; the applicant again received refills of Duragesic, Norco, Amitiza, and Restoril. The applicant was again placed off of work, on total temporary disability, and stated that he was using the same for sedative effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Linzess samples (induce constipation): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Linzess Medication Guide

**Decision rationale:** While the MTUS does not specifically address the topic of Linzess usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do note that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Linzess is FDA approved in the management of irritable bowel syndrome with constipation and/or chronic idiopathic constipation. In this case, however, the applicant is experiencing issues with opioid-induced constipation. This is not an FDA-endorsed role for Linzess, however. The attending provider failed to furnish any compelling applicant-specific rationale or medical evidence which would counter the unfavorable FDA position on the article at issue. Therefore, the request is not medically necessary.

**Restoril 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PTSD Pharmacotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** The attending provider has indicated that the applicant is using Restoril on a chronic, long-term, and scheduled use basis, for sedative effect. However, as noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, usage of anxiolytics such as Restoril should be reserved for "brief periods," in cases of overwhelming symptoms. The applicant's usage of Restoril for chronic sedative effect purposes is not endorsed by ACOEM. Therefore, the request is not medically necessary.