

Case Number:	CM14-0023031		
Date Assigned:	05/14/2014	Date of Injury:	09/22/2012
Decision Date:	07/18/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 46-year-old female who has submitted a claim for brachial neuritis, brachial plexus lesions, shoulder pain, cervical disc displacement, lumbar disc displacement, and lumbosacral neuritis, associated with an industrial injury date of September 22, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 02/21/2014, showed constant pain increased by movement, but decreased by medication. The pain was characterized as burning, aching, electricity and pins and needles. Physical examination revealed tenderness in the cervical spine. The back was noted to have decreased range of motion. There was decreased sensation along the C6 and C7 nerve distribution. The patient also complained of constipation. Treatment to date has included physical therapy and medications which includes Restoril since July 2013, Tizanidine since October 2013 and Amitiza since December 2013. Utilization review from 02/05/2014 denied the request for the purchase of Restoril 30mg #30 because current guidelines did not recommend its long-term use and there was no documentation of failed trials of guideline-supported treatment for sleep disturbance. The request for Tizanidine 6mg #60 was denied because there was no explicit documentation of muscle spasms, or functional improvement from its use. The request for the purchase of Amitiza 24mcg #60 was denied because there was no explicit documentation of opiate-induced constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL 30MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to page 64 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. In this case, patient was diagnosed as a case of insomnia and prescribed Temazepam (Restoril) since July 2013. However, the intake of Restoril has exceeded the recommended duration of use. Therefore, the request for RESTORIL 30MG #30 is not medically necessary.

TIZANIDINE 6MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. They also show no benefit beyond NSAIDs in pain and overall improvement. In this case, the patient has been using Tizanidine since October 2013. However, there was no documentation of functional benefits derived from its use. In addition, current progress report failed to document evidence of muscle spasms. The medical necessity has not been established. Therefore, the request for Tizanidine 6mg #60 is not medically necessary.

AMITIZA 24MCG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Initiating Therapy Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Lubiprostone (Amitiza).

Decision rationale: According to page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to ODG, Lubiprostone is recommended only as a possible second-line treatment for opioid-induced constipation. In this case, the patient has been on trial for this medication since December 2013. However, recent progress report cited persistent constipation which showed no

functional benefit derived from its use. Therefore, the request for trial of AMITIZA 24MCG #60 is not medically necessary.