

<b>Case Number:</b>	CM14-0027676		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/22/2007
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Osteopathic Family Practice, has a subspecialty in Occupational Medicine, Pain Medicine and Manipulation 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 sustained an industrial injury on 2/22/2007. She is status post lumbar decompression and discectomy performed in 2007 and anteroposterior fusion in July of 2009. An electrodiagnostic study of the lower extremities on April 27, 2011 showed evidence of chronic left L5 and S1 radiculopathies, axonal polyneuropathy, and left meralgia paresthetica. The patient was seen on December 26, 2013, at which time she complained of constipation and 7/10 pain. Examination noted that the patient walks with a single point cane, antalgic gait, tenderness, limited range of motion, and positive straight leg raise on the left. Peer review was performed on 2/14/14 at which time recommendation was made to retrospectively certify UDS, retrospectively certify pain psychologist consult, the prior peer reviewer pointed out that opioids are not supported for long term use. Weaning of opioids was recommended. It was noted that Ambien is not indicated for long term. In regards to Amitiza (Lubiprostone), the peer reviewer noted that while it was acknowledged that the patient complains of constipation, it appeared that the patient had been taking Citrucel. The prior peer reviewer also noted that the medical records did not establish what other types of over-the-counter agents the patient has attempted. The prior peer reviewer noted that OTC agents should be considered prior to considering Amitiza. In addition, the prior peer reviewer noted that since the patient has been recommended weaning of her opioid medications, and should likely negate the need for anti-constipation medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norco 10/325 mg #120, 0 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pages 74 to 96 Page(s): 74 to 96.

**Decision rationale:** The medical records indicate that the patient has been on chronic opioid therapy for an extended period of time. Per evidence based guidelines, chronic use of opioids is not recommended due to the development of tolerance and habituation. References state that opioids are not recommended for chronic non-malignant pain. The ongoing use of Norco is not medically necessary.

**Retrospective Zolpidem Tartrate 10 mg #30, no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Zolpidem, Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** According to ODG, Ambien (Zolpidem) is a non-benzodiazepine anxiolytic/hypnotic indicated for the treatment of short-term insomnia. ODG states that hypnotics should generally be limited to 7 to 10 days of use, and reevaluation of the patient is recommended if they are to be taken for more than 2 to 3 weeks. The medical records indicate chronic use of Ambien which is not supported. The request for Ambien is not medically necessary.

**Retrospective Amitiza 24 mcg #60, no refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com), Amitiza (lubiprostone).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Drugs.com.

**Decision rationale:** The patient has opioid induced constipation. Amitiza is indicated for this purpose. The request for Amitiza is medically supported.