

<b>Case Number:</b>	CM14-0034533		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/19/1998
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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 54 year old female with a date of injury on 2/19/1998. The patient's diagnoses include failed neck surgery syndrome, and cervical spondylosis. The patient is status post anterior cervical fusion in 2011. Subjective complaints are of pain in the neck, shoulders, and upper extremities, constipation and gastritis. The physical exam shows mild decreased cervical range of motion with tenderness. The patient's medications include Lidoderm, Dilaudid, Methadone, Topamax, Norco, Baclofen, Aciphex, and Carafate. The patient saw gastrointestinal (GI) physician who recommended a trial of Dexilant and Linzess for the patient's opiate related constipation and NSAID gastropathy. Submitted documentation indicates that patient previously has tried and failed multiple medications for gastritis and constipation. These medications include Pepcid, Prevacid, Aciphex, Carafate, MiraLax, Docusate, and Lactulose.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dexilant 60MG, #330 (6 months - 1 year):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risk, page(s) 67-68 Page(s): 67-68. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, PPIS.

**Decision rationale:** According to California MTUS guidelines, a proton pump inhibitor can be added to non-steroidal anti-inflammatory drug (NSAID) therapy if the patient is at an intermediate to high risk for adverse GI events. The guidelines identify age over 65, a history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs as risk factors for GI events. The ODG suggests that proton pump inhibitors (PPIs) are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient has chronic gastropathy, and is using a PPI for GI symptoms related to medications. The patient has tried and failed multiple first line treatments. Therefore, the request for a trial of Dexilant is consistent with guideline recommendations and is medically necessary.

**Linzess 145MCG #30 (6 months - 1 year):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 77 Page(s): 77. Decision based on Non-MTUS Citation Non-MTUS website FDA Linzess [www.drugs.com](http://www.drugs.com).

**Decision rationale:** The California MTUS recommends that prophylactic treatment of constipation should be initiated with opioid therapy. The medical records note that patient uses Linzess to help relieve constipation. FDA prescribing information indicates that Linzess is used for relief of constipation. The patient has failed first-line therapy for constipation. Since guidelines recommend use of medications for treatment of constipation with opioid use and the patient has failed other medications, the request for a trial of Linzess is medically necessary.

**Lidoderm patches:** Upheld

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

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

**Decision rationale:** The California MTUS recommends Lidoderm as a second line treatment for localized peripheral pain after there has been evidence of first line therapy treatment failure. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The submitted documentation does not provide evidence for post-herpetic neuralgia or for localized peripheral pain. Furthermore, records indicate that patient was having a hypersensitivity reaction to the patches. Therefore, the medical necessity of Lidoderm patches is not established.