

Case Number:	CM14-0036770		
Date Assigned:	06/25/2014	Date of Injury:	08/28/2000
Decision Date:	07/31/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/26/2014

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. 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 represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic midback pain, myalgias, and myositis of the various body parts reportedly associated with an industrial injury of August 28, 2000. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; opioid therapy; transfer of care to and from various providers in various specialties; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated March 14, 2014, the claims administrator denied a request for omeprazole, Linzess, Subsys, and Flector. Non-MTUS Guidelines were cited on Linzess and Subsys. MTUS and non-MTUS Guidelines were cited on omeprazole. Non-MTUS ODG Guidelines were cited on Flector. Overall, rationale for the denials was sparse and seemed to be based largely on the fact that the attending provider did not provide compelling information to support his request. The patient's attorney subsequently appealed. A February 6, 2014 progress note is notable for comments that the patient was off of work, on total temporary disability, with ongoing complaints of low back and shoulder pain. The patient reported 4 to 5/10 pain. The patient stated that she had constipation with opioids for which Linzess was helpful. The patient is using Flector, Lyrica, and Tylenol with Codeine at this point. The patient's BMI is 32. The patient was again placed off of work and asked to try Subsys. The patient is asked to continue Linzess. The patient is asked to continue Tylenol No. 3. The patient is asked to continue Lyrica. The attending provider stated that he was going to start prescribing the patient with omeprazole, which has previously been prescribed by another provider. The patient's gastrointestinal review of systems was described as negative, with the patient denying any new gastrointestinal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-88. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton-pump inhibitor such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of any symptoms of reflux, heartburn, dyspepsia, etc., either NSAID-induced or stand-alone, for which ongoing usage of omeprazole would be indicated. Therefore, the request is not medically necessary.

Linzess 145 ugm daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://www.medicinenet.com/linaclootide/linzess/article.htm](http://www.medicinenet.com/linaclotide/linzess/article.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

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 state that an attending provider using a drug for non-FDA labeled purposes should provide compelling evidence to support usage of the same. In this case, the Food and Drug Administration (FDA) states that Linzess is indicated in the treatment of irritable bowel syndrome with constipation and/or chronic idiopathic constipation. In this case, however, the patient has opioid-induced constipation. The patient does not, thus, meet FDA criteria for introduction of and/or ongoing usage of Linzess. No compelling evidence or patient-specific rationale was provided to support usage of this medication for non-FDA labeled purposes. Therefore, the request is not medically necessary.

Subsys 200 ugm daily prn #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/subsys-drug/indications-dosage.htm>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: While the MTUS does not specifically address the topic of Subsys (Fentanyl sublingual spray) usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do state that an attending provider using a drug for non-FDA labeled purposes should be well informed on usage of the same and should provide compelling evidence to support such usage. In this case, however, the Food and Drug Administration (FDA) states that Subsys is an opioid agonist indicated for the management of breakthrough pain in cancer patients 18 years older who are already receiving and who are tolerant to opioid therapy for the underlying persistent cancer pain. In this case, however, the attending provider is proposing to use Subsys for the non-FDA labeled purpose of musculoskeletal low back pain/myofascial pain syndrome. There is no evidence of cancer pain which has proven recalcitrant to other opioids here. Therefore, the request is not medically necessary.

Flector patch daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for use of NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical diclofenac/Voltaren is indicated in the treatment of small joint arthritis, which lends itself toward topical application, such as, for instance, the knees, ankles, feet, hands, wrists, etc. Topical Voltaren/diclofenac has not been evaluated in the treatment of the spine, hip, and/or shoulder, the MTUS notes. In this case, the patient's primary pain generators are, in fact, the low back and left shoulder, body parts for which Voltaren/Flector/diclofenac has not been evaluated, per page 112 of MTUS Chronic Pain Medical Treatment Guidelines. In this case, the attending provider has not proffered any patient-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.