

Case Number:	CM14-0062573		
Date Assigned:	07/11/2014	Date of Injury:	02/19/1998
Decision Date:	09/18/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/05/2014

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 injured worker is a 54-year-old female who reported injury on 02/19/1998 caused by an unspecified mechanism. The injured worker's treatment history included medications, status post anterior cervical fusion and a cardiac pacemaker. The injured worker was evaluated on 04/08/2014, and has documented the injured worker complained of neck, shoulder and low back pain. The injured worker stated her overall improvement today at 0%. She reports VAS sensory of 4.5 with an effective component of 4.5. She stated that her mood, activity and sleep were all the same. The injured worker reported that she had found that Lidoderm patches offer her 75% improvement of her neck and upper extremity symptoms at night and allow her improvement of sleep from 1 to 4 hours. She reported the pain medications also offer the ability to function socially with family and to perform activities of daily living. Medications included Lidoderm, Dilaudid, methadone, Norco, Topamax, baclofen, Docusate, Senna, Benadryl, Lasix, Carafate, Aciphex, aspirin, K-Dur, triamterene, Diltiazem, hydrochlorothiazide, estradiol, nasal spray, and Liquigel eye drops. Within the documentation submitted, the provider noted the injured worker was having significant GI symptoms associated with the use of her medication. The injured worker recently had seen a gastroenterologist who recommended a trial of Dexilant and Linzess for the injured worker's opioid-related and nonsteroidal anti-inflammatory drug-related gastropathy. However, the gastroenterologist's recommendations were not submitted for this review. Diagnosis included failed neck surgery syndrome with cervical spondylosis, and consider chronic regional pain syndrome of neck and bilateral upper extremities. The request for authorization dated 02/28/2014 was for Dexilant 60 mg, Linzess 145 mcg, and Lidoderm patches. The rationale was for the injured worker's gastrointestinal symptoms. Rationale for the Lidoderm patches was for the injured worker's neck and upper extremity symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant 60 mg daily #30 ongoing for at least 6 months to 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Prilosec is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation provided did indicate that the injured worker having gastrointestinal events, however there was lack of documentation of medication pain management for the injured worker. Given the above, the request for Dexilant 60 mg daily # 30 ongoing for at least 6 months to 1 year is not medically necessary.

Linzees 145 mcg daily #30 ongoing for at least 6 months to 1 year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Decision based on Non-MTUS Citation Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Opioids -induced constipation treatment.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that prophylactic treatment of constipation could be initiated if there is documented evidence of constipation caused by opioids. The documents provided on 03/06/2014 indicated that the injured worker denied nausea, vomiting, diarrhea, blood in stool or constipation. In addition, there was no indication that the injured worker was having gastrointestinal issues. Recommended as indicated below. In the section, Opioids, criteria for use, if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Opioid-induced constipation is a common adverse effect of long-term opioid use because the binding of opioids to peripheral opioid receptors in the gastrointestinal (GI) tract results in absorption of electrolytes, such as chloride, with a subsequent reduction in small intestinal fluid. Activation of enteric opioid receptors also results in abnormal GI motility. Constipation occurs commonly in patients receiving opioids and can be severe enough to cause discontinuation of therapy. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced

constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. An oral formulation of methylnaltrexone (Relistor) met the primary and key secondary end points in a study that examined its effectiveness in relieving constipation related to opioid use for noncancer-related pain. The effectiveness of oral methylnaltrexone in this study was comparable to that reported in clinical studies of subcutaneous methylnaltrexone in subjects with chronic noncancer-related pain. There was an 80% improvement in response with the 450 mg dose and a 55% improvement with 300 mg. Constipation drug lubiprostone (Amitiza) shows efficacy and tolerability in treating opioid-induced constipation without affecting patients' analgesic response to the pain medications. Lubiprostone is a locally acting chloride channel activator that has a distinctive mechanism that counteracts the constipation associated with opioids without interfering with the opiates binding to their target receptors.) See also Tapentadol (Nucynta), which has improved gastrointestinal tolerability for patients complaining of constipation, nausea, and/or vomiting. As such, the request is not medically necessary.

Lidoderm patches (trade name): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm. Decision based on Non-MTUS Citation Lidoderm.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56, 57.

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Lidoderm patches trade name is not medically necessary.