

<b>Case Number:</b>	CM14-0074470		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	01/27/2000
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 & Rehabilitation 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 underlying date of injury in this case is 1/27/2000. The date of the utilization review under appeal is 4/22/2014. The primary diagnosis is neck pain. The treating physician has reported diagnoses of steroid-induced avascular necrosis of the bilateral knee and right talus, status post bilateral hip arthroplasty, status post bilateral shoulder hemiarthroplasty, temporomandibular joint syndrome, major depressive disorder, and narcotic dependency, sexual dysfunction with probable narcotic induced hypogonadism, and low testosterone, and possible angina. The patient was seen in primary treating physician pain management follow-up on 3/26/2014. The patient was presented with diffuse pain complaints, particularly involving his shoulders and knees bilaterally. The patient was pending transfer of his orthopedic care to an orthopedist with expertise in joint replacement. On examination the patient had bilateral mandible and TMJ tenderness and severe bilateral wrist, ankle, and knee joint tenderness. The nuclear medicine study showed activity in most of his joints except his shoulders and hips, which had total hip replacements. The treatment plan was to continue Oxycontin, Oxycodone, and Nexium for gastric reflux and Lotensin for hypertension, Fortessa for testosterone replacement, Lidoderm patches, simvastatin, and low dose aspirin. The treating physician opined that the patient might eventually require an intrathecal drug delivery system or drug detox given his narcotic tolerant state and ongoing severe pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Edluar 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Zolpidem (Ambien)

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

**Decision rationale:** This medication is a form of Ambien. This medication is not specifically discussed in the medical treatment utilization schedule. Official Disability Guidelines/Treatment in Workers Compensation/Pain discusses insomnia treatment, noting that pharmacological treatment should only be used after a detailed discussion with a cause of sleep disturbance. Moreover, this guideline references FDA Approved Labeling Information which supports the use of Ambien only for up to 10 days. The records and the treatment guidelines do not provide a rationale to continue this medication on an ongoing or chronic basis. This request is not medically necessary

**Linzess 290mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Clinical Protocols: PDR 2014-Linzess

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** This medication is indicated for FDA Approved labeling information due to idiopathic constipation or irritable bowel syndrome. The Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines section on Opioids, Initiating Therapy recommends that prophylactic treatment of constipation should be initiated. This patient has a risk for constipation based on opioid dependence and chronic opioid use. The guidelines support first-line medications for constipation prophylaxis. It is not clear why Linzess would be requested instead as first-line, so this medication would be indicated for idiopathic constipation, but is not a first-line medication for prophylaxis with opioid use. This request is not medically necessary.

**Oxycodone 15mg #220:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the

four A's of opioid management. This guideline recommends ongoing review and discussion of pain relief, functional status, appropriate medication use, and side effects. In this case the medical records document substantial side effects including hypogonadism. However, the records also discuss essentially escalating pain without clear subjective benefit, and particularly without objective functional benefit from opioid treatment. The records and guidelines do not meet these four A's of opioid management. This request is not medically necessary.

**Oxycontin 30mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids Ongoing Management page 78 discusses the four A's of opioid management. This guideline recommends ongoing review and discussion of pain relief, functional status, appropriate medication use, and side effects. In this case the medical records document substantial side effects including hypogonadism. However, the records also discuss essentially escalating pain without clear subjective benefit, and particularly without objective functional benefit from opioid treatment. The records and guidelines do not meet these four A's of opioid management. This request is not medically necessary.

**Lidoderm 5% #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Topical Analgesics states regarding Lidocaine, page 112, that this medication is not recommended for non-neuropathic pain. Topical Lidoderm is indicated specifically for localized peripheral neuropathic pain. The medical records in this case outline generalized or multifocal pain, but not localized peripheral neuropathic pain. This request is not medically necessary.