

Case Number:	CM14-0157084		
Date Assigned:	09/30/2014	Date of Injury:	10/22/1999
Decision Date:	11/02/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 35 year old male who sustained an industrial injury on 10-22-1999. The worker has multiple long-term issues, and reported a recent fainting episode that he is concerned about. The injured worker was diagnosed as having Chronic post traumatic pain state, Fibromyalgia, Depression with anxiety, Insomnia, Gastroesophageal Reflux Disease (GERD), Constipation, medication induced, and Iron deficiency anemia. Treatment to date has included medications and diagnostic tests. In the exam of 08-25-2014, the worker reported fainting after getting out of bed. He stated he felt his left knee strike something and heard a crack, and he also struck his head. He says that he was examined in an Emergency Department after the fall (08-18-2014) and nothing serious was found to be wrong. He now relates that he feels unsteady and concerned about a recurrence, and finds it very difficult to perform housework due to feeling unsteady. On exam, he is noted to be alert, well hydrated, well oriented, and his neurologic exam and mentation is noted to be "grossly normal". He uses a cane for ambulation. Currently he is taking pantoprazole which is 95% effective in controlling his GERD. Constipation is bad despite Amitiza, weight is stable and he continues to have difficulty with depression. Cardiovascular and pulmonary exams were normal. A request for authorization was submitted for: 1. Housekeeping help 2 1/2 days per week x2 months. 2. Linzess 145mcg, #30. 3. Baclofen 20mg, #120. 4. Hydrocodone-APAP elixir 7.5/500mg #1 bottle. 5. Alprazolam 1 mg #120. 6. Pantoprazole sodium 40mg #60. 7. Savella 50mg #60. 8. Trazodone 100mg #90. 9. Hydroxyzine 50mg #60. 10. Synthroid 25mcg #90 with 1 refill. A utilization review decision (09-10-2014) non-certified the requests for Housekeeping help 2 and 1/2 days per week x2 months, non-certified the Linzess, the Baclofen, the hydrocodone-APAP elixir, and the Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Housekeeping help 2 1/2 days per week x2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Regarding the request for Housekeeping help, California MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, and medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Within the documentation available for review, there is no documentation that the patient is homebound and in need of specialized home care (such as skilled nursing care, physical, occupational, or speech-language therapy) in addition to home health care. In the absence of such documentation, the currently requested Housekeeping help is not medically necessary.

Linzess 145mcg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Opioid induced constipation.

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

Decision rationale: Regarding the request for Linzess, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there are recent subjective complaints of constipation. Additionally, it appears the patient has failed OTC medication and even other prescription medication for constipation. As such, a one-month trial of Linzess, as requested here, seems reasonable. Therefore, the currently requested Linzess is medically necessary.

Baclofen 20mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation. Finally, there is no indication that the medication is being used for the treatment of muscle spasm or spasticity related to multiple sclerosis or a spinal cord injury as recommended by guidelines. In the absence of such documentation, the currently requested Baclofen is not medically necessary.

Hydrocodone-APAP elixir 7.5/500mg #1 bottle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Alprazolam 1 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Xanax (Alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may

actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (Alprazolam) is not medically necessary.