

<b>Case Number:</b>	CM15-0101189		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	08/31/1995
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	05/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 74-year-old female who sustained an industrial injury on 08/31/1995. Current diagnoses include lumbar radiculopathy, spinal stenosis-lumbar, foot pain, spasm of muscle, hip pain, low back pain, and wrist. Previous treatments included medications, surgical intervention, injections, and home exercises. Report dated 04/15/2015 noted that the injured worker presented with complaints that included neck pain, lower backache, bilateral lower extremity pain, bilateral hip pain, right hand pain, and bilateral foot pain. Pain level was 3 (with medications) and 7 (without medications) out of 10 on a visual analog scale (VAS). The injured worker stated that her activity level has increased, and sleep quality is fair. Current medications include Soma, Ambien Cr, Miralax, Methadone Hcl, Colace, Norco, Senokot, and Linzess. The injured worker noted improvement in pain with use of Norco for breakthrough pain. Medications that have been ineffective in the past include Nucynta, Amitiza, Fentanyl, Terocin lotion, lactulose, Ex-Lax max, Dilaudid, and compound cream. Physical examination was positive for antalgic gait, restricted range of motion in the lumbar spine with pain, spasms and tenderness, facet loading is positive on the right, straight leg raise is positive on the left, tenderness noted over the lumbar paraspinals. Physical examination of the feet includes tenderness over the tops of the feet and decreased sensation over the anterior aspect. Motor testing is limited by pain, and sensory examination revealed decreased sensation in the right dorsum of the big toe and little toe. The treatment plan included a trial of Linzess due to constipation related to narcotic use, request for methadone, and Soma, request for a treadmill and epidural steroid injection. The provider noted that Miralax is ineffective. The physician noted that the injured worker has

improvement with pain with use of methadone and she is able to function and do activities of daily living. It was also noted that she tried to decrease methadone previously, but pain level increased and prior tapering in 2012 was not successful. The injured worker is receiving methadone through her private insurance. Disputed treatments include Linzess, Methadone, and Soma.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Linzess 290mg:** 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); Opioid induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid induced constipation and Other Medical Treatment Guidelines Up To Date, Linzess.

**Decision rationale:** CA MTUS and ODG are silent on Linzess. UP To Date states that it is an oral medication used for constipation predominant irritable bowel syndrome or for idiopathic constipation. In this case, neither of these conditions is documented and the request seems to be for use for opioid induced constipation. Linzess is not included in the first or second line treatments for opioid induced constipation per ODG. As such, Linzess is not medically necessary.

**Methadone (dosage & quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as methadone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support and is not medically necessary of ongoing opioid therapy with methadone.

**Soma (dosage & quantity unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Soma. This is not medically necessary and the original UR decision is not medically necessary.