

Case Number:	CM15-0105045		
Date Assigned:	06/09/2015	Date of Injury:	12/07/1998
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 55-year-old who has filed a claim for chronic arm, hand, and forearm pain reportedly associated with an industrial injury of December 7, 1998. In a Utilization Review report dated May 26, 2015, the claims administrator partially approved a request for Norco, failed to approve a request for Amitiza, partially approved a request for Restoril, and denied a request for trazodone. The partial approval was apparently issued for weaning or tapering purposes. The claims administrator referenced a May 19, 2015 RFA form and associated progress note of May 13, 2015 in its determination. The applicant's attorney subsequently appealed. In a June 11, 2015 RFA form, Duragesic, Norco, Amitiza, Restoril, and Remeron were endorsed. In an associated progress note of June 9, 2015, the applicant was placed off of work, on total temporary disability. 10/10 pain without medications versus 5/10 pain with medications was reported. The applicant was asked to continue Restoril for insomnia, Amitiza for opioid-induced constipation, Duragesic for round-the-clock analgesia, Norco for breakthrough pain. The attending provider seemingly suggested that Remeron would be introduced on a long-term basis in favor of previously provided trazodone. A clear rationale for discontinuation of trazodone was not furnished. The applicant was kept off of work. In a May 13, 2015 office visit, the applicant was given refills of Duragesic, Norco, Amitiza, and Restoril. The attending provider stated that the applicant's pain scores were reduced as a result of ongoing medication consumption but did not elaborate further. In a RFA form dated May 19, 2015, Duragesic, Norco, Amitiza, Restoril, and Desyrel were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, and Criteria for Ongoing Opioid Use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of June 11, 2015. While the attending provider did recount some reported reduction in pain scores imputed to ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

Amitiza 24mcg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Lubiprostone (Amitiza).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7 and 8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

Decision rationale: Similarly, the request for Amitiza, a laxative agent, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes have the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The notes, however, that Amitiza is indicated in the treatment of chronic idiopathic constipation in adults and/or irritable bowel syndrome with constipation in women greater than 18 years of age. Here, however, the attending provider seemingly chose to employ Amitiza for a non-FDA labeled role, namely to ameliorate opioid-induced constipation. The attending provider, however, failed to furnish a compelling applicant-specific rationale or medical evidence so as to support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

Restoril 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Restoril (temazepam), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Restoril, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the attending provider and/or applicant was seemingly intent on employing Restoril for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. This was not, however, an ACOEM-endorsed role for Restoril, an anxiolytic agent. Therefore, the request was not medically necessary.

Trazodone 50mg #60: 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), Mental Illness & Stress, Trazodone.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 3 Initial Approaches to Treatment Page(s): 402; 47.

Decision rationale: Finally, the request for trazodone, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that antidepressants such as trazodone may be helpful to alleviate symptoms of depression, this recommendation is, however, qualified by commentary made in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medications for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not clearly establish ongoing efficacy with ongoing trazodone usage. Multiple progress notes, referenced above, do not explicitly state whether or not ongoing usage of trazodone had or had not proven effective in attenuating or alleviating the applicant's issues with insomnia. Ultimately, the attending provider chose to discontinue trazodone on June 3, 2015, without much supporting rationale or commentary. The attending provider apparently suggested that the applicant cease usage of trazodone and employ Restoril alone for issues of insomnia, suggesting that ongoing usage of trazodone had not, in fact, and proven effective in attenuating the applicant's symptoms of pain-induced insomnia. Continuing the same, on balance, thus, was not indicated, given the foregoing. Therefore, the request was not medically necessary.