

Case Number:	CM15-0189914		
Date Assigned:	10/02/2015	Date of Injury:	02/22/1999
Decision Date:	12/08/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York

Certification(s)/Specialty: Internal 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 injured worker is a 75 year old male, who sustained an industrial injury on 2-22-1999. The injured worker was diagnosed as having degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, and numbness. Treatment to date has included diagnostics and medications. Currently (9-09-2015), the injured worker complains of chronic back pain, right buttock and hip pain, and leg numbness. His pain was rated currently rated 9 out of 10 and fluctuated between 8-10 out of 10 (rated 10 out of 10, with fluctuation 8-10 out of 10 on 7-14-2015 and 6-16-2015). His functional status was rated overall 4 out of 10. He reported that constipation still bothers him and he still needed a laxative. He also had prostate cancer with possible bone metastasis (managed by urology) and was receiving "injection for the CA". He reported trying to exercise by walking with a cane. He reported "not enough analgesics and asks for more". Objective findings included slow ambulation with an assistive device and a stooped posture. His lumbar spine was rigid and range of motion was decreased in all directions. Palpable tenderness was noted to the right paraspinal muscles, and sensation was decreased at the right ankle-foot. The treating physician referenced multiple toxicology testing results, noting inconsistent results in 2-2015 (he admitted to taking a family member's morphine), and saliva testing in 3-2015 and 6-2015 was consistent with Norco. Current medications included Norco 10-325mg (3-4 times daily as needed), Amitiza, Lyrica, and Rozerem. The use of these medications was noted since at least 3-25-2015. It was documented that Neurontin caused agitation and discontinued medications included Senokot, Neurontin, Opana ER, Ultram, Duragesic, and Xanax. The treating physician documented approval for HELP program in 9-

2014, noting decline by the injured worker, and suggestion for another primary treating physician. His work status was permanent and stationary. The treatment plan included Lyrica 50 mg three times daily #90 with 3 refills, Amitiza 24mcg twice daily #60 with 3 refills, Rozerem 8mg #1 at bedtime, Norco 10-325mg #45, Lyrica 50mg #45, Amitiza 24mcg #60, and Norco 10-325mg three times daily #90. On 9-16-2015 Utilization Review non-certified the requested Lyrica 50 mg three times daily #90 with 3 refills, Amitiza 24mcg twice daily #60 with 3 refills, Rozerem 8mg #1 at bedtime (sample given), and Norco 10-325mg three times daily #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: According to California MTUS Guidelines, anti-epilepsy drugs (AEDs) are a first-line treatment for neuropathic pain. Lyrica is FDA approved for diabetic neuropathy and post-herpetic neuralgia and has been used effectively for the treatment of other neuropathic pain. The guidelines indicate a good to moderate response to the use of Lyrica is a 30-50% reduction in pain. This injured worker has been taking Lyrica, in addition to narcotic analgesics, with no significant improvement documented. Without evidence of improvement, the guidelines recommend changing to a different first-line agent. Medical necessity for the requested medication has not been established. The requested treatment: Lyrica 50 mg #90 with 3 refills is not medically necessary.

Amitiza 24 mcg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. 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. In this case of injured worker, discussion about first line treatment cannot be located within the submitted medical records. Also, with non-approval of opioid use, the medical necessity of Amitiza is not established. The requested medication Amitiza 24 mcg #60 with 3 refills is not medically necessary.

Rozerem 8 mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: ODG recommend that treatment be based on the etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Non-pharmacologic treatment: Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intention. Treatments that are thought to probably be efficacious include sleep restriction, biofeedback, and multifaceted cognitive behavioral therapy. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. Medical necessity of the requested medication has not been established.

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The medical records submitted for review does not include the above recommended documentation. There were no functional improvements noted with the use of the medication. There is no change on medical dependence. Therefore the requested treatment: Norco 10/325mg #90 is not medically necessary.