

<b>Case Number:</b>	CM15-0200061		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	05/14/2005
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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, California Certification(s)/Specialty: Emergency 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 57 year old male, who sustained an industrial injury on 5-14-2005. The injured worker was being treated for major depressive disorder single episode unspecified, generalized anxiety disorder, and psychological factors affecting medical condition. Medical records (6-23-2015, 7-21-2015, and 9-22-2015) indicate ongoing symptoms of depression, anxiety, and stress-related medical complaints. The injured worker reported depression, decreased energy, excessive worry, difficulty getting to sleep and staying asleep, abdominal pain and cramping, and constipation or diarrhea. Objective findings (6-23-2015 and 9-22-2015) include depressed facial features and visible anxiety. Per the treating physician (4-29-2015 and 5-14-2015 reports) the injured worker is blind and has a sleep-wake cycle impairment that will require sleep medicine and possibly a wakefulness medication in the future. Surgeries to date have included right shoulder surgery. Treatment has included physical therapy, chiropractic therapy, massage therapy, reflexology therapy, steroid injections, home health care, and medications including Tylenol #4 since at least 3-2015, Ambien CR since at least 3-2015, Linzess since at least 4-2015, and Nuvigil since at least 3-2015. On 9-22-2015, the requested treatments included Tylenol #4, Linzess 290mg, Ambien CR 12.5mg, and Nuvigil 150mg. On 10-2-2015, the original utilization review non-certified requests for Tylenol #4 #120 with 2 refills, Linzess 290mg #30 with 2 refills, Ambien CR 12.5mg #30 with 2 refills, and Nuvigil 150mg #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 #120 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Benzodiazepines, Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that 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 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 medications. The included documentation fails to include the above recommended documentation. The IW has been taking this medication for a minimum of 8 months. The documentation does not discuss specific improvement in symptoms related to this medication. Additionally, records do not support functional improvement from the use of this medication. Chronic pain guidelines support ongoing monitoring of a therapeutic program. The request includes 2 refills which does not support close monitoring. Additionally, the request does not include dosing frequency or duration. The request for Tylenol and codeines #4 with 2 refills is not medically necessary.

**Linzess 290mg #30 with 2 refills:** 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), Pain (Chronic), Opioid-induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation <<http://www.linzess.com/>>.

**Decision rationale:** Linzess (linaclotide) is a prescription medication used in adults to treat irritable bowel syndrome with constipation and chronic idiopathic constipation. Documentation does not support the documentation of irritable bowel syndrome. There is documentation that the IW has variable episodes of diarrhea and constipation. There is no discussion of further evaluation of these symptoms. CaMTUS supports the use of constipation related to opiates. It is not clear from the documentation that the constipation is related to the prescribed opiates. There is no documentation of a gastrointestinal evaluation. There is no documentation of abdominal examination. Furthermore, the request does not discuss frequency or duration. The request also includes 2 refills. This does not support ongoing monitoring of symptoms. Without additional documentation or support of the guidelines, the request for Linzess is determined not medically necessary.

**Ambien CR 12.5mg #30 with 2 refills: 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 chapter, Insomnia treatment>.

**Decision rationale:** Ambien is a sedative, hypnotic agent that is prescribed for sleep. This medication is recommended for short term use and is not indicated in the treatment of chronic pain. The IW has been taking this medication without documented improvement in sleep-wake cycle. Furthermore, the request does not discuss frequency or duration. The request also includes 2 refills. This does not support short term use of this medications. Without the support and adherence to guidelines, the request for Ambien with 2 refills is determined not medically necessary.

**Nuvigil 150mg #30 with 2 refills: 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), Pain (Chronic), Armodafinil (Nuvigil).

**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, Modafinil (Provigil).

**Decision rationale:** The MTUS does not provide direction for the use of modafinil or equivalents like Nuvigil. The Official Disability Guidelines recommend against using armodafinil to counteract the sedation caused by opioids unless "excessive narcotic prescribing" is first considered. There is no evidence in this case that such considerations have occurred. The Official Disability Guidelines stated that armodafinil is indicated for treatment of narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and that prescribing should be accompanied by a complete evaluation of these disorders. The treating physician has not provided evidence of these disorders along with a complete evaluation for these conditions. In this case, the treating physician has not provided a specific indication for armodafinil. If prescribed for use with opioids, this is not a valid indication per the cited guidelines. Furthermore, the request does not discuss frequency or duration. The request also includes 2 refills. This does not support short term use of this medication. Without the support and adherence to guidelines, the request for amodafinil with 2 refills is determined not medically necessary.