

Case Number:	CM15-0201342		
Date Assigned:	10/16/2015	Date of Injury:	01/04/2010
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Iowa

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 injured worker is a 60 year old male, who sustained an industrial injury on 1-4-10. The injured worker is diagnosed with chronic lumbar pain with multilevel disc desiccation, chronic thoracic pain, chronic cervical pain, chronic bilateral lower extremity radicular symptoms and chronic bilateral shoulder pain. Notes dated 5-13-15 and 7-31-15 reveal the injured worker presented with complaints of neck and back pain, bilateral shoulder and bilateral legs and feet pain. The pain is described as ache, burning, deep, discomforting, numbness, piercing, sharp, shooting, stabbing and throbbing and rated at 7 out of 10. The pain is increased by bending, sitting, twisting and walking and relieved by lying down, rest walking and water therapy. Physical examination dated 7-3-15 and 7-31-15 revealed paracervical tenderness from C2 to C7- T1, parathoracic tenderness from T1 to T12-L1 and paralumbar tenderness from L1 to L5-S1 as well as spasms noted in the cervical, thoracic and lumbar musculature with bilateral sacroiliac and trochanteric tenderness. There is bilateral rotator cuff, supraspinatus and infraspinatus tenderness. Treatment to date has included physical therapy, medications, chiropractic care, and bilateral shoulder injections. Diagnostic studies include a lumbar spine MRI. A request for authorization dated 8-27-15 for Norco 10-325 mg #180 was modified to #90, Linzess 145 mcg #30 with 3 refills was modified to #15 and Lidoderm-lidocaine patch 5% with 3 refills was non- certified, per Utilization Review letter dated 9-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Norco (acetaminophen/hydrocodone) is an opioid class pain medication. According to MTUS guidelines, opioids are indicated mainly for osteoarthritis only after first-line conservative options have failed, and should include clear improvement in pain and functional status for continued use. There is limited evidence to support long-term use for back or other musculoskeletal pain. MTUS also states that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur and an improved response to treatment should be observed. MTUS recommends discontinuing therapy if there is no improvement in pain or function. ODG does not recommend the use of opioids for musculoskeletal pain except for short use for severe cases, not to exceed two weeks. The medical documentation indicates the patient has been on this medication for an extended period of time, exceeding the two-week recommendation for treatment length. There is limited evidence of failure of first-line therapy or an indicated diagnosis. The treating physician has not provided rationale for the extended use of this medication, and does not include sufficient documentation regarding the reported pain over time or specific functional improvement while on this medication. The recent documentation indicates very limited information on the patient's continued response to the medication, and the patient appears to continue to have severe pain and decreased functional status despite therapy. Therefore, the request for Norco 10/325mg #180 no refills, is not medically necessary.

30 capsules of Linzess 145mcg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/linzess?druglabelid=2588&id=2690>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-induced constipation treatment.

Decision rationale: Linzess is the brand name for linaclotide, which is indicated for use in irritable bowel syndrome or idiopathic constipation. MTUS states that opioids can commonly cause constipation and treatment to prevent constipation is recommended. ODG states that first line treatment should include physical activity, appropriate hydration, and proper diet with

sufficient fiber. ODG also states that some laxatives may help to stimulate gastric motility and over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. This patient is undergoing treatment with an opioid, Norco. Although it is not clearly stated, the assumption would be that the constipation is opioid-induced, as there is no other information regarding the gastrointestinal diagnoses to indicate an alternative use. According to the medical documentation, there is no mention of trial or failure of non-medication treatments, and limited discussion of the history and symptoms from a GI perspective. There was also no evidence of quantitative or qualitative description of bowel movement frequency/difficulty. The request for opioids was determined to not be medically necessary, so treatment for constipation would also not be necessary without an alternative indication. Therefore, the request for Linzess 145mcg, 30 capsules with 3 refills, is not medically necessary at this time.

90 patches of Lidoderm Lidocaine patch 5% with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: Topical analgesics are primarily recommended for chronic pain in specific circumstances, such as neuropathic pain, when trials of antidepressants and anticonvulsants have failed. MTUS states there is little to no research to support the use of most topical analgesics, and there is little evidence to utilize these medications for musculoskeletal pain. ODG guidelines also recommend similar criteria, including identifying a clear indication with a neuropathic etiology and failure of first-line therapy for neuropathy. Both guidelines state therapy should be utilized on a trial basis at first and continued only if significant improvement is noted. According to MTUS, topical lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy. This medication is not a first-line treatment for chronic pain and is only FDA approved for post-herpetic neuralgia. ODG states that evidence of localized pain should be consistent with a neuropathic etiology and evidence of a trial of first-line neuropathy medications (anti-depressants or anti-epilepsy drug) should be included. The medical is not recommended for treatment of osteoarthritis or myofascial pain/trigger points, an area for treatment should be designated as well, and outcomes should be reported. Current medical documentation is limited in describing the need and rationale for the topical medication. The patient is on other pain medication, and it does not appear from the documentation that all primary and secondary treatment options have been exhausted as there is limited documentation detailing prior failed therapies. The patient appears to have been on this medication for an extended period of time, and there is little mention of the patient's response. There is no evidence of neuropathic or osteoarthritic pain, which are an indicated diagnosis. The medical documentation does not provide any extenuating circumstances to justify continuing use of this medication. Therefore, the request for Lidoderm Lidocaine patch 5% #90 with 3 refills is not medically necessary.