

Case Number:	CM15-0206548		
Date Assigned:	10/23/2015	Date of Injury:	11/01/2000
Decision Date:	12/04/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 11-01-2000. She has reported injury to the thoracic and lumbar spine. The diagnoses have included thoracic disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; lumbago; and post-laminectomy syndrome of thoracic region. Treatment to date has included medications, diagnostics, ice, home exercise program, injections, TENS (transcutaneous electrical nerve stimulation) unit, and surgical intervention. Medications have included Butrans Patch, Neurontin, Norco, Cymbalta, Seroquel, Promethazine, and Tizanidine. A progress report from the treating physician, dated 07-31-2015, documented a follow-up visit with the injured worker. The injured worker reported that she has had T9-T10 excision and replacement with cadaver bone after the injury; she was unable to walk for a while; it took her three years to get out of a wheel chair; she currently has lumbar pain and thoracic pain; the pain is constant; "sometimes electric shocks" go through her back; she has tried a TENS unit and that is unbearable for her; massage makes her spasm more; she has had to relearn how to empty her bladder, but she is able to do that now; she does not have a lot of sensation in her perineal-vaginal area; numbness of the right lower quadrant abdomen; she is requesting some injections that could help; and she is currently on Butrans, Neurontin Cymbalta, Tizanidine, and Norco. Objective findings included thoracic spine tenderness is noted at the muscles connecting rib cage to pelvis; lumbar spinous process tenderness is noted on L2, L3, L4, and L5; there is numbness of the right lower quadrant of the abdomen and perineum; and she uses a walker with wheels. The treatment plan has included the request for Butrans Patch 20mcg #4 (09-29-15); and Amitiza 24mcg #60 (09-29-15). The original utilization review, dated 10-12-2015, non-certified the request for Butrans Patch 20mcg #4 (09-29-15); and Amitiza 24mcg #60 (09-29-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans Patch 20mcg #4 (09/29/15): Upheld

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

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

Decision rationale: Submitted reports have not demonstrated the indication or medical necessity for this medication request. Per MTUS Chronic Pain, BuTrans or Buprenorphine is a scheduled III controlled substance recommended for treatment of opiate addiction or opiate agonist dependence. Request has been reviewed previously and non-certified for rationale of lack of pain contract, indication, and documentation of opioid addiction. Buprenorphine has one of the most high profile side effects of a scheduled III medication. Per the Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and use should be reserved for those with improved attributable functional outcomes. This is not apparent here as this patient reports no change in pain relief, no functional improvement in daily activities, and has not has not decreased in medical utilization or self-independence continuing to treat for chronic pain symptoms. There is also no notation of any functional improvement while on the patch nor is there any recent urine drug screening results in accordance to pain contract needed in this case. Without sufficient monitoring of narcotic safety, efficacy, and compliance for this individual along with no weaning process attempted for this chronic 2000 injury. Medical necessity for continued treatment has not been established for Buprenorphine. The Butrans Patch 20mcg #4 (09/29/15) is not medically necessary and appropriate.

Amitiza 24mcg #60 (09/29/15): 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 Chapter, Lubiprostone (Amitiza).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain.

Decision rationale: Amitiza (lubiprostone) is a chloride channel activator for oral use indicated for treatment of irritable bowel syndrome and chronic idiopathic constipation; however, the effectiveness of Amitiza in the treatment of opioid-induced constipation in patients taking opioids has not been established in clinical studies. The patient continues to treat for chronic symptoms for this chronic injury; however, reports have no notation regarding any subjective constipation complaints or clinical findings related to GI side effects. Although chronic opioid use is not supported, a medication that is often provided for constipation, a common side effect with opioid medications may be provided for short-term relief as long-term opioid use is supported. The submitted documents have not adequately addressed or demonstrated the indication of necessity for this medication over other failed first trials of laxative or stool softeners. The Amitiza 24mcg #60 (09/29/15) is not medically necessary and appropriate.