MAXIMUS Federal Services

Case Number:	CM15-0022571		
Date Assigned:	02/12/2015	Date of Injury:	01/02/2003
Decision Date:	04/20/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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 45-year-old [redacted] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 2, 2003. In a utilization review report dated January 21, 2015, the claims administrator failed to approve a request for Amitiza, alprazolam, topiramate, and eszopiclone. The claims administrator referenced a December 1, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On June 13, 2014, the applicant reported multifocal complaints of low back pain, neck pain, bilateral shoulder pain, and carpal tunnel syndrome with ancillary complaints of weight gain reportedly attributed to the industrial injury. Lyrica, Topamax, Norco, Lunesta, Xanax, Fioricet, and Amitiza were renewed while the applicant was placed off of work, on total temporary disability. No discussion of medication efficacy transpired.On December 29, 2014, the applicant was given refills of Topamax, Soma, Fioricet, Amitiza, Xanax, Lunesta, Nexium, Motrin, and a flurbiprofen-containing topical compound. The applicant was, once again, placed off of work, on total temporary disability, owing to multifocal complaints of neck pain, upper extremity pain, and low back pain. Ancillary issues of sleep disturbance were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Amitiza (lubiprostone) Capsules Initial U.S. Approval: 2006.

Decision rationale: While the MTUS does not specifically address the topic of Amitiza, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA-labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Amitiza is indicated in the treatment of irritable bowel syndrome and/or chronic idiopathic constipation. Here, however, it appeared that the applicant was intent on employing Amitiza for opioid-induced constipation, triggered by ongoing usage of Norco. Usage of Amitiza for opioid-induced constipation, thus, represented a non-FDA-labeled role for the same. The attending provider did not, however, furnish compelling applicant-specific rationale or medical evidence to support such usage. Therefore, the request was not medically necessary.

Topiramate 100mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Topiramate Page(s): 7; 21.

Decision rationale: While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topiramate or Topamax is indicated in the treatment of neuropathic pain in applicants in whom other anticonvulsants have failed, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, no discussion of medication efficacy transpired on the December 29, 2014 progress note at issue or in other progress notes also referenced above. The fact that the applicant remained off of work, on total temporary disability, despite ongoing Topamax usage, coupled with the fact that the applicant remained dependent on a variety of other analgesic medications, including Norco, Soma, Fioricet, etc., suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Topamax. Therefore, the request was not medically necessary.

Eszopiclone 3 mg, thirty count with one refill: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration GuidelinesMental Illness & Stress Eszopicolone (Lunesta).

Decision rationale: The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter, Eszopiclone Topic notes that eszopiclone or Lunesta is not recommended for chronic or long-term use purposes. Here, the applicant had seemingly used Lunesta or eszopiclone for what appeared to be a minimum of several months. Such usage, however, ran counter to the ODG position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as 'other medications' into his choice of recommendations. Here, however, the attending provider did not furnish a clear or compelling rationale for concurrent usage of multiple sedative medications, including Xanax and Lunesta (eszopiclone). Therefore, the request was not medically necessary.

Alprazolam 1mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as alprazolam may be appropriate for 'brief periods,' in cases of overwhelming symptoms, here, however, the 60-tablet, one-refill supply of alprazolam at issue represents chronic, long-term, and scheduled usage of the same. Such usage, however, runs counter to the short-term role for which anxiolytics are espoused, per ACOEM. Therefore, the request was not medically necessary.