

Case Number:	CM15-0027211		
Date Assigned:	02/19/2015	Date of Injury:	08/31/1995
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/12/2015

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: 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 74 year old female who sustained a work related injury on August 31, 1995, after falling down concrete steps at work while teaching. Since her injury in 1995, the injured worker has dislocated her hip six times. She was diagnosed with left hip arthropathy, left hip total arthroplasty, chronic pain, peripheral neuropathy, degenerative disc disease spine. Treatments included nerve root blocks, lumbar epidural steroid injections, Radiofrequency Ablation of the facet joints and pain medications. Currently, the injured worker complained of neck pain, lower backache, bilateral lower extremity pain, hip pain, right hand pain, feet pain, and difficulty in ambulating. She also complained of frequent constipation from the medications she had taken. On February 19, 2015, a request for one prescription for Methadone HCL 10mg #196 was modified to one prescription for Methadone HCL 10mg, #137 and a request for one prescription for Linzess 290mcg, #30 with one refill was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 10mg #196: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck pain, lower back pain, bilateral lower extremity pain, hip pain, right hand pain, feet pain. The treater has asked for METHADONE HCL 10MG #196 on 1/7/15. Patient has been using Methadone since 6/25/14 report. She is taking 7 Methadone per day per 1/7/15 report. The patient has failed Fentayl and Dilaudid. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The patient is currently not working. In this case, the treater indicates a decrease in pain with current medications which include Methadone, stating "medications allow her to function" per 1/7/15 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has not been asked for and no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Linzess 290mcg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manufacturer website: linzess.com.

Decision rationale: This patient presents with neck pain, lower back pain, bilateral lower extremity pain, hip pain, right hand pain, feet pain. The treater has asked for LINZESS 290MCG #30 WITH 1 REFILL on 1/7/15. The patient has been taking Linzess since 6/25/14 report. The patient can control her constipation with linzess, and the patient has tried several other constipation medications which failed in 1/7/15 report. According to the manufacturer website, LINZESS (linaclotide) is a prescription medication used in adults to treat irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC). The patient is currently not working. Regarding Opioid-induced constipation treatment, ODG recommends that Prophylactic treatment of constipation should be initiated. In this case, the patient has a chronic pain condition and is on opiates. The patient has been taking Linzess for more than a year with good benefit. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the treater's statement that the patient is on opiates, the treater

should be allowed the leeway to prescribe a laxative that works for the patient. The request IS medically necessary.