

Case Number:	CM15-0029177		
Date Assigned:	02/23/2015	Date of Injury:	07/08/2005
Decision Date:	04/09/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/17/2015

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 63 year old male, who sustained an industrial injury on 7/8/05. On 2/17/15, the injured worker submitted an application for IMR for review of Norco 10/325mg #180, and Linzess 145-290mgm #30 x 3 refills, and Cialis 5mg #30 x 3 refills, and Fentanyl patch 75mg/48 hours #15. The treating provider has reported on notes dated 2/23/15, the injured worker complained of constant sharp occasionally burning pain in low back radiating to back of legs and down knees and feet, more on the right than left. Documentation also indicates weakness in both legs with legs giving way. The injured worker also relates to bilateral arm pain with right shoulder constantly popping, right elbow pain and right hand numb at night; sometimes during the day. The diagnoses have included cervical spondylosis, C5-6 disc herniation and myelopathy, central canal lumbar stenosis, failed back syndrome, anxiety, depression, pseudobulbar affect, poor coping mechanism and constipation. Treatment to date has included acupuncture and psychiatric consult, epidural steroid injections reported lumbar symptoms became worse post injection (no date), status post right laminectomy and discectomy (L4-5 and L5-S1), status post right total hip arthroplasty, status post right shoulder arthroplasty. On 2/9/15 Utilization Review non-certified Fentanyl patch 75mg/48 hours #1 Norco 10/325mg #180, and Linzess 145-290mgm #30 x 3 refills, and Cialis 5mg #30 x 3 refills, and Fentanyl patch 75mg/48 hours #15. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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 constant, sharp pain in the lower back that radiates into the buttocks, back of the legs and down the knees and feet. The patient also complains of neck pain which radiates to the shoulder down the left elbow with associated tingling. The current request is for NORCO 10/325 MG #180. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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 has been utilizing Norco since at least 8/27/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

LinzeSS 145-290mgm #30 x 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78. Decision based on Non-MTUS Citation website www.linzeSS.com.

Decision rationale: This patient presents with constant, sharp pain in the lower back that radiates into the buttocks, back of the legs and down the knees and feet. The patient also complains of neck pain which radiates to the shoulder down the left elbow with associated tingling. The current request is for LINZESS 145-290MGM #30 X3 REFILLS. According to the manufacturer website www.linzeSS.com LINZESS (linaclotide) is a prescription medication used in adults to treat irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC). Regarding Opioid-induced constipation treatment, MTUS CRITERIA FOR

USE OF OPIOIDS (pg. 76-78) 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 with good benefit. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the patient's opiate regimen and the treating physician's statement that Linzess is effective, the requested Linzess IS medically necessary.

Cialis 5mg #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: This patient presents with constant, sharp pain in the lower back that radiates into the buttocks, back of the legs and down the knees and feet. The patient also complains of neck pain which radiates to the shoulder down the left elbow with associated tingling. The current request is for CIALIS 5MG #30 X3 REFILLS. The MTUS, ACOEM, and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/ examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required. There is no documentation of hypo-gonadism that may contribute to the patient's ED. Testosterone level, for example is not provided. AETNA also does not support performance enhancing drugs such as Viagra or Cialis. In this case, there is no documentation of hypo-gonadism, no indication that the patient is on chronic opioids with low-testosterone level. There is no discussion regarding erectile dysfunction and performance enhancing drugs such as Cialis are not typically supported by the guidelines. This request IS NOT medically necessary.

Fentanyl patch 75mg/48 hours #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

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 constant, sharp pain in the lower back that radiates into the buttocks, back of the legs and down the knees and feet. The patient also complains of neck pain which radiates to the shoulder down the left elbow with associated tingling. The current request is for Fentanyl patch 75mg/48 #15. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs,

adverse side effects, and aberrant behavior. MTUS also requires 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 has been utilizing Fentanyl patches since at least 8/27/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.