

Case Number:	CM15-0210794		
Date Assigned:	10/29/2015	Date of Injury:	12/07/2011
Decision Date:	12/15/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/26/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old female patient who sustained an industrial injury on 12-07-2011. Diagnoses include constipation due to pain medication, chronic pain syndrome, drug dependence, opioid, continuous, shoulder bursitis, lumbar spondylosis, and nausea. Per the doctor's note dated 09-24-2015, she had complaints of generalized body pain at 8/10 in severity and describes as aching, dull, sharp, and stabbing in quality radiating into the "body". She had complains of knee and hip pain, back and leg pain, and pain in the shoulder from a right rotator cuff tear. Physical examination revealed the cervical spine, normal range of motion and normal strength; lumbosacral spine, tenderness and range of motion decreased; the right upper extremity, tender to palpation with reduced range of shoulder motion and pain with shoulder motion; the left upper extremity, not tender to palpation, normal joint stabilities and normal range of motion with no pain on joint motion; the bilateral lower extremities, tenderness to palpation of the knee, pain with knee motion and restricted range of motion. The medications list includes Amitiza, zofran, Norco (since at least 04-30-2015), Ibuprofen (since at least 04-30-2015), and Soma (since at least 04-30-2015). The medications decreased her pain to a 7 on a scale of 0-10. Her medications are from a single provider and her drug screen in July was consistent. She has a prescription for Amitza that she has not gotten" because it has not been approved." Risks and alternatives to opioid therapy were discussed with the worker. Her opioid contract was reviewed. Amitza sample was given. Risks and potential side effects were reviewed. Her medication record of purchases was reviewed. She exhibited no aberrant behavior. Past surgical history includes arthroscopic left knee surgery on 09-07-2012, ear surgery and hand surgery. She had right

shoulder MRI on 10/23/14 which revealed a complete rotator cuff tear with retraction; the bilateral knees X-rays dated 12/15/14 which revealed moderate osteoarthritis. She had physical therapy and acupuncture for this injury. The plan of care is for medications. A request for authorization was submitted for; 1. Soma 350mg #30, x 2; 2. Ibuprofen 800mg #90 x 2; 3. Amitiza 24mcg #60 x 2; 4. Norco 10/325mg #150 x 2; 5. Zofran ODT 4mg #10 x 2. A utilization review decision 10/08/2015 non-certified the: Amitiza 24mcg #60 x 2; Norco 10/325mg #150 x 2; Zofran ODT 4mg #10 x 2 and certified to wean: Soma 350mg #30, x 2 Ibuprofen 800mg #90 x 2 was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza 24mcg #60 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com, Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/02/15) Opioid-induced constipation treatment Lubiprostone (Amitiza).

Decision rationale: Amitiza 24mcg #60 x 2. Amitiza contains lubiprostone. Per the cited guidelines "3) Initiating Therapy (d) Prophylactic treatment of constipation should be initiated." According to the ODG Amitiza is "Recommended only as a possible second-line treatment for opioid-induced constipation." A detailed history related to constipation is not specified in the records provided. Other measures for treatment of constipation is not specified in the records provided. The Amitiza 24mcg #60 x 2 is not medically necessary for this patient.

Norco 10/325mg #150 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: Norco 10/325mg #150 x 2. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and

function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to significant objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Response to anticonvulsant, antidepressant or lower potency opioid like tramadol for chronic pain is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The Norco 10/325mg #150 x 2 is not medically necessary for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Zofran ODT 4mg #10 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 12/02/15) Ondansetron (Zofran)Antiemetics (for opioid nausea).

Decision rationale: Zofran ODT 4mg #10 x 2, Ondansetron is 5-HT3 receptor antagonist which acts as anti-emetic drug. CA MTUS/ACOEM do not address this request. Therefore ODG was used. According to the ODG guidelines, "Ondansetron (Zofran): This drug is a serotonin 5- HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." A detailed history related to nausea or vomiting is not specified in the records provided. Any evidence of chemotherapy and radiation treatment is not specified in the records provided. Evidence of recent surgery is not specified in the records provided. The Zofran ODT 4mg #10 x 2 is not medically necessary for this patient.