

Case Number:	CM15-0212686		
Date Assigned:	11/02/2015	Date of Injury:	02/22/1999
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/28/2015

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: Florida
 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:

The injured worker is a 65 year old male who sustained an industrial injury on February 22, 1999. Medical records indicated that the injured worker was treated for lumbar spine pain. Medical diagnoses include lumbosacral degenerative disc disease, chronic pain syndrome, numbness and prostate cancer with bone metastasis. In the provider notes dated September 9, 2015 to October 7, 2015 the injured worker complained of constant back pain with numbness and right buttock and hip pain. He rates his pain 7 to 10 on the pain scale. His pain aggravated with bad weather and he has poor tolerance to prolonged standing, sitting, walking, stooping and bending. He tries to exercise by walking with a cane. He is constipated and needs a laxative. He complains of not enough analgesics and wants more. On exam, the documentation stated that the lumbar spine is rigid with guarding and decreased range of motion. There is palpable tenderness over the right paraspinous muscles. There is decreased sensation at the right ankle and foot. There is no agitation or signs of toxication or withdrawal. The documentation states "the RFA request of referring to HELP approved on September 18, 2014, applicant decline this, states he had this sort of tx before." "I decline his request for more opioid analgesics due to the prostate CA issue is non industrial until proved otherwise." The treatment plan is for medication refills, continue wearing lumbar brace and wean dose of opioid and benzodiazepine. A Request for Authorization was submitted for Norco 10 325 TID PRN #30, Lyrica 50 mg TID #90 with 3 refills, Amitiza 24 mcg BID #60 with 3 refills. The Utilization Review dated October 14, 2015 denied the request for Norco 10 325 TID PRN #30, Lyrica 50 mg TID #90 with 3 refills, Amitiza 24 mcg BID #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Norco is being requested in a patient with a diagnosis of Prostate Cancer. This request was turned down by utilization review strictly because it is not known by the utilization reviewer how this patient's diagnosis of Prostate Cancer connects with a work related injury. Independent Medical Review has one job, and that it to determine if a service is medically necessary (regardless of which insurance company is going to pay for said service.) In this case, Norco simply is medically necessary for a Prostate Cancer patient. MTUS guidelines support the use of narcotic medications in the treatment of malignant pain. Therefore the request is medically necessary.

Lyrica 50mg #90 with 3 refills: Upheld

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

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

Decision rationale: MTUS guidelines state regarding Lyrica, "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." Regarding this patient's case, he is not noted to have either of these conditions in the documentation. He is noted to have neuropathic pain, and this medication can also be used for this indication. But, there is not documentation of adequate pain relief and functional improvement with it to justify its continued prescription. Therefore, this request is not medically necessary.

Amitiza 24mcg #60 with 3 refills: 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), Treatment Index 13th Edition (web), 2015, Pain, Opioid induced constipation treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Opioid induced constipation Online 2015 edition.

Decision rationale: Amitiza (Lubiprostone) is a medication that is used to treat opioid induced constipation and it is being requested in a patient with a diagnosis of Prostate Cancer. This patient had a legitimate reason to be on opioids, and opioids are well known for causing constipation. However, per ODG guidelines a patient must have failed such measures as increasing physical activity, maintaining adequate hydration by drinking enough water, and eating a proper diet rich in fiber, and have failed various over the counter stool softener options before they are eligible for such second line medications as Amitiza to treat opioid induced constipation. There is not sufficient documentation that this patient has failed these first line measures, and therefore this request is not medically necessary.