

Case Number:	CM15-0217515		
Date Assigned:	11/09/2015	Date of Injury:	08/09/2000
Decision Date:	12/29/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/04/2015

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 64-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly associated with an industrial injury of August 9, 2000. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve requests for fentanyl and Linzess. The claims administrator referenced a September 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported ongoing issues with chronic low back pain status post earlier lumbar spine surgery. Ancillary complaints of neck pain were reported. No seeming discussion of medication selection or medication efficacy transpired. Trigger point injections and facet injections involving the cervical spine were suggested. On an RFA form dated June 17, 2015, Duragesic, Voltaren gel, Wellbutrin, Percocet, Cymbalta, Desyrel, Neurontin, and Amitiza were all renewed. On a handwritten note dated September 20, 2015, cervical epidural steroid injection was sought. The applicant was using Duragesic and Percocet for pain relief, the treating provider reported. The applicant had adverse effects to opioid, including shaking and waking frequently, the treating provider contended. The note was very difficult to follow, handwritten, and not altogether legible. Duragesic, Percocet, massage therapy, Linzess, Wellbutrin, trazodone, and Cymbalta were all seemingly endorsed. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. 9/10 pain complaints were reported on this office visit. The applicant was using cane to move about, the treating provider suggested, albeit through preprinted checkboxes. The treating provider stated in one section of note that the applicant had discontinued Linzess, but apparently went on to prescribe Linzess toward the bottom of the note. On an RFA form dated September 17, 2015, Amitiza, Neurontin, Desyrel, Medrol, Cymbalta, Percocet, Wellbutrin, PreviDent, Protonix, and Duragesic were all prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hr #15: Upheld

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

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

Decision rationale: No, the request for Fentanyl (Duragesic), a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on September 28, 2015, suggesting that the applicant was not, in fact, working. Pain complaints as high as 9/10 were reported on this date. The applicant was using cane to move about. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing of fentanyl (Duragesic) usage. Therefore, the request was not medically necessary.

Linzess 145mcg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Gastroenterological Association Institute, Gastroenterology.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use.

Decision rationale: Similarly, the request for Linzess, a laxative agent, was likewise not medically necessary, medically appropriate, or indicated here. While page 77 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend the prophylactic initiation of treatment for constipation in applicants using opioids, as was the case here in the form of the applicant's using Duragesic and Percocet. 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 applicant specific variables such as other medications into his choice of pharmacotherapy and by commentary made on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider

should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the attending provider's handwritten September 20, 2015 office visit did not outline why the applicant was receiving two separate laxative agents, Linzess and Amitiza. No seeming discussion of medication efficacy transpired insofar as either agent was concerned. It was not clearly stated whether or not ongoing usage of Linzess had or had not proven effective in attenuating issues with opioid-induced constipation. Therefore, the request was not medically necessary.