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| Case Number: | CM15-0046336 | | |
| Date Assigned: | 03/18/2015 | Date of Injury: | 08/11/2014 |
| Decision Date: | 04/23/2015 | UR Denial Date: | 02/25/2015 |
| Priority: | Standard | Application Received: | 03/11/2015 |

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 [REDACTED] beneficiary who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of August 11, 2014. In a Utilization Review Report dated February 25, 2015, the claims administrator failed to approve a request for Amitiza, Percocet, and Pristiq. Progress notes of January 9, 2015 and February 2, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a February 2, 2015 progress note, somewhat blurred as a results of repetitive photocopying and faxing, the applicant reported ongoing complaints of hip pain, myalgias and/or myositis of various body parts, and superimposed psychological issues. The attending provider suggested that the applicant begin Pristiq, an atypical antidepressant. It was suggested (but not clearly stated) that Pristiq was being employed for pain purposes as opposed to for depressive symptoms. The applicant was using up to two tablets of Percocet daily. The applicant still had issues with constipation which were somewhat attenuated with Amitiza. Percocet, Amitiza, and Pristiq were ultimately refilled. The attending provider states that the applicant considers further workup for his sleep issues. The applicant's work status was not clearly stated. While the attending provider did not specifically state whether the applicant was working, the attending provider did state that the applicant would take care to avoid employing Percocet while at work. The applicant was doing some moderate exercise, reportedly facilitated with ongoing Percocet usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 1. Yes, the request for Percocet, a short-acting opioid, was medically necessary, medically appropriate, and 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, improve functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently maintained fulltime work status as a result of ongoing Percocet usage, it was suggested at various points in late 2014 and early 2015, including on February 2, 2015. The applicant is apparently working with a rather permissive 30-pound lifting limitation in place. The applicant has stated that ongoing usage of Percocet is generating appropriate analgesia and ameliorating his ability to perform home exercises. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Amitiza 24 mcg: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation FDA: Amitiza (lubiprostone) Capsules Initial U.S. Approval: 2006.

Decision rationale: 2. Conversely, the request for Amitiza was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Amitiza, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Amitiza is indicated in the treatment of chronic idiopathic constipation and/or constipation associated with irritable bowel syndrome. Here, the attending provider has seemingly suggested that the applicant employ Amitiza for opioid-induced constipation. This is not an FDA-endorsed role for the same. The attending did not furnish a clear or compelling rationale for usage of Amitiza to combat issues with Percocet-induced constipation. Therefore, the request was not medically necessary.

Pristiq 50 mg ER: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: INDICATIONS AND USAGE PRISTIQ, a selective serotonin and norepinephrine reuptake inhibitor (SNRI), is indicated for the treatment of major depressive disorder [MDD] (1).

Decision rationale: 3. Finally, the request for Pristiq was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated that he was intent on introducing Pristiq for pain purposes. However, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Pristiq is indicated only in the treatment of major depressive disorder. Pristiq is not, thus, indicated for the chronic pain purpose for which it was seemingly prescribed here. The attending provider did not furnish any compelling applicant-specific rationale which would support introduction of Pristiq for what amounts a non-FDA labeled role for the same. Therefore, the request was not medically necessary.