

Case Number:	CM15-0010353		
Date Assigned:	01/27/2015	Date of Injury:	10/21/1998
Decision Date:	06/29/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/19/2015

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 71-year-old Sedgwick Claims Management Services beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 21, 1998. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for Linzess, Baclofen, and Ambien. The claims administrator referenced a January 6, 2015 progress note in its determination. The claims administrator invoked a variety of MTUS and non-MTUS guidelines. The claims administrator did issue some partial approval for tapering purposes. The applicant's attorney subsequently appealed. In the IMR application dated January 19, 2015, all three medications, baclofen, Ambien, and Linzess were appealed. On December 22, 2014, the applicant was given a hip corticosteroid injection. Ongoing complaints of hip and knee pain were reported. The applicant was asked to continue previously imposed permanent limitations. It did not appear that the applicant was working with said limitation in place. No clear discussion of medication efficacy transpired. In an earlier note dated January 27, 2014, the applicant reported multifocal complaints of low back, hip, and leg pain with derivative complaints of depression, anxiety, and sleep disturbance. The applicant was asked to continue Nuvigil, Actiq, lactose, Marinol, Colace, OxyContin, oxycodone, baclofen, Ambien, Lyrica, Linzess, and Celebrex. Home-based physical therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Baclofen Page(s): 7, 64.

Decision rationale: While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity such as with multiple sclerosis and/or spinal cord injuries but can be employed off-label for neuropathic pain, as was/is present here, this recommendation, however, is 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 medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. Ongoing usage of baclofen failed to curtail the applicant's dependence on opioid agents such as OxyContin and oxycodone. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of baclofen. Therefore, the request is not medically necessary.

Ambien 100mg #120: 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), Pain Chapter Zolpidem (Ambien).

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 Food and Drug Administration (FDA), Ambien Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ambien usage, 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 the responsibility to be well informed regarding usage of the same and should, furthermore, furnish a clear or compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. Here, however, the applicant has been using Ambien for what appears to be a minimum of several months to several years. Such usage, however, is incompatible with the FDA label. The attending provider did not, furthermore, furnish any clear or compelling evidence which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

Linzess 290 ugm #30: Upheld

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

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 Food and Drug Administration, Linzess Medication Guide: "Linzess is a guanylate cyclase-c agonist indicator in adults for treatment of: irritable bowel syndrome with constipation. Chronic idiopathic constipation."

Decision rationale: While the MTUS does not specifically address the topic of Linzess, 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 the responsibility to be well informed regarding use of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA), however, notes that Linzess is indicated in the treatment of chronic idiopathic constipation and/or constipation associated with irritable bowel syndrome. Here, however, the attending provider was seemingly intent on employing Linzess for constipation induced by opioid medications such as OxyContin and oxycodone. Ongoing use of Linzess, thus, amounts to usage of Linzess which is not endorsed by the FDA label. The attending provider did not furnish any clear or compelling applicant-specific rationale which would support such usage. Therefore, the request was not medically necessary.