

Case Number:	CM15-0015128		
Date Assigned:	02/03/2015	Date of Injury:	01/31/2006
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker was a 50 year old male, who sustained an industrial injury, January 31, 2006. The injured worker was diagnosed with chronic severe back pain with bilateral leg pain, cervical disc degeneration, erectile dysfunction, poor sleep hygiene, right shoulder pain, jaw injury fracture and misalignment of jaw causing spasm and apnea, lumbosacral spondylosis without myelopathy and lumbago. On June 18, 2014 the injured worker underwent radiofrequency ablation of the lumbar spine medial branches of left LP3-4, L4-5 L5-S1 with fluoroscopic guidance and needle location. The injured worker previously received the following treatments surgery, pain management, pain medication, and sleep study. According to progress note of September 3, 2014 the injured workers pain level remained 6 out of 10; 0 being no pain and 10 being the worse pain. The injured workers pain remained severe in the back, bilateral legs with chronic neck and right arm pain into the right shoulder. The primary treating physician requested prescriptions for Amitiza 24 mcg #30, Fortesta gel 10mg #60, Oxycodone/APAP 10/ 325 mg #120 and Zolpidem ER 12.5mg #30. On December 31, 2014, the UR denied authorization for prescriptions for Amitiza 24 mcg #30, Fortesta gel 10mg #60, Oxycodone/APAP 10/ 325 mg #120 and Zolpidem ER 12.5mg #30. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitiza CAP 24 mcg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: Management of chronic constipation in adults

Decision rationale: Amitiza is used in the treatment of chronic constipation and opioid induced constipation. In this injured worker, it is that he is receiving opioids which can cause constipation. However, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the amitiza.

Fortesta gel 10 mg/act #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 110-111. Decision based on Non-MTUS Citation American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>

Decision rationale: This injured worker has chronic opiate use. Testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The risks and benefits and side effects of fortesta were not documented as discussed with the worker. There are no low testosterone levels in the records to support replacement therapy. The records do not support the medical necessity of fortesta gel.

Oxycodone/APAP TAB 10-325 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Oxycodone/APAP to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back

pain is unclear but appears limited. The medical necessity of Oxycodone/APAP is not substantiated in the records.

Zolpidem ER TAB 12.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain, Zolpidem

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia and drug information - Zolpidem

Decision rationale: Zolpidem is used for the short-term treatment of insomnia (with difficulty of sleep onset). Patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy would be used prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for zolpidem.