

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0117660 | | |
| Date Assigned: | 06/26/2015 | Date of Injury: | 12/07/1998 |
| Decision Date: | 07/31/2015 | UR Denial Date: | 06/18/2015 |
| Priority: | Standard | Application Received: | 06/18/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal 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 is a 45 year old male who sustained an industrial injury on 12/7/98. The mechanism of injury was not documented. The injured worker was diagnosed as having unspecified disorder of muscle ligament and fascia, pain in forearm joint, neuralgia, neuritis and radiculitis. Treatment to date has included activity restrictions, and medications. Duragesic 100mcg patch, Norco 10/325mg, Amitiza 24mcg, and Restoril 15mg were prescribed since at least January 2015. On exam dated 1/9/15 he rated his pain as 6-7/10 with medications and 10/10 without medications and hand strength was 2/5 on right and 4/5 on left. Medications as a group were noted to allow some light activities of daily living. Currently on 6/9/15, the injured worker complains of pain in right more than left hand, starts at wrist and radiates to the lateral elbow and up to the shoulder; it is constant and will vary between sharp, dull and achy in character. Without medications his pain is 10/10 and with medications his pain is 5/10 and tolerable. Documentation notes a urine drug screen on 6/17/13, and a urine drug screen dated 6/12/15 was submitted. It was noted that an opioid agreement was last signed on 7/22/13. He has had a gastrointestinal virus and has no appetite. He has not used Norco for 2-3 days due to the stomach virus. Physical exam noted hand strength is 3-4/5 on right and 4-5/5 on left. He has allodynia and atrophy of the right hand and right hand range of motion reveals flexion at the wrist of 20 degrees and extension of 20 degrees both with pain. There is slight hyper-pigmentation over the right distal forearm and moderate tenderness to palpation over the palmar and dorsal surface of the right wrist. The treatment plan included continuation of Duragesic 100mcg patch, Norco 10/325mg, Amitiza 24mcg, Restoril 15mg, discontinuation of Trazadone

and starting Remeron 15mg for pain related insomnia. He is currently not working. A request for authorization was submitted on 6/11 for Duragesic 100mcg patch, Norco 10/325, Amitiza 24mcg, Restoril 15mg and Remeron 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS notes that opioid prescription requires ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief and how long relief lasts. The injured worker noted pain in June 2015 rated 5/10 with medications and 10/10 without medications; documentation dated 1/9/15 noted he rated his pain as 6-7/10 with medications and 10/10 without medications. No additional detailed pain assessment was noted as is recommended by the MTUS. There was no documentation of functional improvement as a result of use of Norco. Norco has been prescribed for at least four months. Work status remains off work. Medications as a group were noted to allow some light activities of daily living, but there was no documentation of improvement in specific activities of daily living as a result of use of Norco. Therefore, the request for Norco is not medically necessary.

(1) Prescription of Amitiza 25mcg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Lubiprostone (Amitiza).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid induced constipation treatment: Amitiza.

Decision rationale: The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. For first line treatment the ODG recommends upon prescribing an opioid, especially if it will be needed for more than a few days, the patient should receive information that the medication may cause constipation. The patient should be educated regarding treatment including hydration, increased physical activity and proper diet. Over the counter medications may also be used. If first line treatment does not work, second line treatments may be used. Amitiza is a constipation drug that has shown efficacy in treating opioid induced constipation without affecting the analgesic response to the pain medications. Documentation did not support the injured worker was educated on first line options and if first line treatments, including over the counter medications, were attempted. Therefore, the request for Amitiza is not medically necessary.

Restoril 15mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: insomnia treatment.

Decision rationale: CA MTUS guidelines do not recommend benzodiazepines for long-term use, as long-term efficacy has not been proven and there is an increased risk of dependence. Use for 4 weeks or less is recommended with most guidelines. The injured has received Restoril for at least four months, which is far greater than the guidelines recommend. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Due to lack of sufficient evaluation for insomnia and length of use in excess of the guideline recommendations, the request for restoril is not medically necessary.

Remeron 15mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, mental illness and stress chapter: Antidepressants; chronic pain chapter: insomnia treatment.

Decision rationale: The documentation indicates that this injured worker was prescribed remeron for insomnia. CA MTUS is silent regarding insomnia treatment, therefore ODG was referenced. ODG notes sedating antidepressants such as Remeron have been used to treat insomnia, however evidence is limited supporting their use for insomnia and they are an option in patients with co-existing depression. Remeron was to be initiated to replace trazodone for the treatment of pain related insomnia. Evidence submitted with documentation did not support co-existing depression to warrant use of this medication. No physician reports describe the specific criteria for a sleep disorder. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. For these reasons, the request for Remeron is not medically necessary.