

Case Number:	CM15-0120146		
Date Assigned:	06/30/2015	Date of Injury:	02/22/1999
Decision Date:	08/24/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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: Georgia, California, Texas

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 injured worker is a 75 year old male with an industrial injury dated 02/22/1999. The injured worker's diagnoses include lumbar/lumbosacral disc degeneration, chronic pain syndrome, comorbid constipation and metastatic prostate cancer. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/19/2015, the injured worker reported chronic back pain, leg numbness, right buttock & hip pain, and constipation. The injured worker rated current pain a 10/10. Objective findings revealed rigid lumbar spine with guarding and decreased range of motion due to pain in each direction. The treating physician also noted tenderness to palpitation of the right lumbar paraspinal muscles, decrease sensation in right foot/ankle, equivocal straight leg raises and tight hamstrings. Treatment plan consisted of medication management. The treating physician prescribed Norco 10/325mg #90, Amitiza 24mcg BID #60 with 3 refills, Rozerem 8mg and Lyrica 50mg #90 with 3 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81 of 127.

Decision rationale: MTUS notes no trials of long-term opioid use for neuropathic pain. Concerning chronic back pain, MTUS states that opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy." MTUS states monitoring of the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Per office notes, the injured worker reports continued severe pain, with 4/10 pain control with medications. He attempts to exercise by walking with a cane, but this aggravates pain. The treating physician has weaned the injured worker from Opana ER and Duragesic, and has refused his requests to increase opioid medication. His monthly refill for Norco has been decreased from #100 tablets to #90 tablets. Per the treating physician, the injured worker's metastatic prostate cancer is non-industrial in nature and he has deferred additional pain medications to the injured worker's private physician. Monitoring for medication side effects and aberrant behaviors is documented. Although minimal functional improvement is documented in this case, exceptional factors including claimant's age and comorbid metastatic prostate cancer make evaluation of functional improvement problematic in this case. Based upon the review of the total information presented in this case, the requested Norco is reasonable and medically necessary.

Amitiza 24mcg BID #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77 of 127. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 07/15/15), Lubiprostone (Amitiza®).

Decision rationale: MTUS states that prophylactic treatment of constipation should be considered for patients receiving opioids for chronic pain. MTUS is silent concerning Amitiza, so ODG was also consulted. ODG considers Amitiza (lubiprostone) to be a possible second-line treatment for opioid-induced constipation. Per office notes, the injured worker has been receiving Amitiza, as well as Senekot, for opioid-induced constipation. He continues to report constipation despite these medications. Due to lack of documented response to Amitiza, as well as lack of documentation concerning the current pattern of defecation, there is insufficient information to support continuation of Amitiza in this case. The request is not medically necessary.

Rozerem 8mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic, updated 07/15/15), Insomnia treatment.

Decision rationale: MTUS is silent concerning Rozerem. ODG recommends Rozerem (ramelteon) as an option for treatment of patients with difficulty with sleep onset. ODG recommends Rozerem for short-term (7-10 days) use only. Office notes indicate that the injured worker received Rozerem samples on 03/25/15, 04/21/15, and 05/19/15. However, detail regarding his sleep pattern and response to Rozerem is not documented. Based upon lack of documentation regarding sleep pattern, lack of documented response to a trial of Rozerem, lack of documented non-pharmacological measures such as sleep hygiene, and lack of support by evidence-based guidelines for long-term use of Rozerem, medical necessity is not established for the requested Rozerem.

Lyrica 50mg #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16-20 of 127.

Decision rationale: MTUS recommends anti-epilepsy drugs (AEDs) for treatment of neuropathic pain. MTUS also notes that Lyrica has an anti-anxiety effect, which may be useful since Xanax has been discontinued in this case. Per office notes, the injured worker was unable to tolerate Neurontin due to agitation. He reports 4/10 pain control with current medications including Norco and Lyrica. Due to his age and comorbid metastatic prostate cancer, evaluation of functional improvement is problematic in this case. Based upon the documented limited response to Lyrica, continuation of this medication is reasonable and medically necessary.