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| Case Number: | CM14-0017909 | | |
| Date Assigned: | 06/11/2014 | Date of Injury: | 02/28/2002 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/29/2014 |
| Priority: | Standard | Application Received: | 02/12/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 68-year old female with a reported injury on 02/28/2002. The mechanism of injury was described as a fall. The clinical note dated 02/03/2014 reported that the injured worker complained of back pain radiating from the low back down to her right leg, and bilateral knee pain. The physical assessment of the injured worker's lumbar spine revealed tenderness to palpation over the paravertebral muscles along with spasms noted bilaterally. Straight leg raising test was positive bilaterally. It was reported that the injured worker's sensory examination revealed light touch sensation was normal. The injured worker's prescribed medications list included Lidoderm 5% patch, Duragesic 12 mcg patch, Duragesic 75 mcg patch, Oxycodone, Nortriptyline, and Flexeril. The injured worker's diagnosis included knee pain. The provider requested a prescription for Flexeril, nortriptyline, Duragesic patch 12 mcg and 75 mcg; the rationale for the prescribed medication list was not provided. The request for authorization was submitted on 05/20/2014. The injured worker's prior treatments included coccyx injection on 12/16/2005, 08/04/2006, 05/09/2008, and 01/05/2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Flexeril 5mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of Flexeril as evidenced by decreased muscle spasms, decreased pain, and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Furthermore, the prescription of Flexeril 5mg, #60 is not medically necessary.

Prescription of Nortriptyline Hcl 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Antidepressants.

Decision rationale: The CA MTUS guidelines recognize Tricyclic antidepressant are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The treating physician's rationale for Nortriptyline was not provided within the clinical notes and Nortriptyline is classified as a Tricyclic Anti-depressant. And the Official Disability Guidelines recognize Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. The specific utilization for Nortriptyline was not provided within the clinical notes. There is a lack of clinical information provided documenting the efficacy of Nortriptyline as evidenced by decreased pain and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency of the medication being requested. Given the information provided, there is insufficient evidence to determine appropriateness of Nortriptyline to warrant medical necessity, therefore prescription of Nortriptyline Hcl 10mg, #60 is not medically necessary.

Prescription of Duragesic 12mcg.HR Patch, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic (fentanyl transdermal system) Page(s): 44, 78, 86.

Decision rationale: The CA MTUS guidelines do not recommend duragesic (fentanyl transdermal system) as a first-line therapy. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain

relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is a lack of clinical information provided documenting the efficacy of the Duragesic patch as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted paperwork. Moreover, the injured worker's prescribed medication list included Duragesic 75 mcg patch and oxycodone 5 mg, with a maximum allowance of 120mg daily; the combination of the 75 mcg Duragesic patch and the 20 mg of oxycodone equal 210 mg, which exceeds the guidelines recommended total daily morphine equivalent dose of 120 mg. Furthermore, prescription of Duragesic 12mcg.HR Patch, #15 is not medically necessary.

Prescription of Duragesic 75mcg.HR Patch, #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Duragesic (fentanyl transdermal system) Page(s): 44, 78, 86.

Decision rationale: The CA MTUS guidelines do not recommend Duragesic (fentanyl transdermal system) as a first-line therapy. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. There is a lack of clinical information provided documenting the efficacy of a Duragesic patch as evidenced by decreased pain and significant objective functional improvements. Moreover, there is a lack of documentation that the injured worker has had urine drug screens to validate proper medication adherence in the submitted report. Furthermore, the requesting provider did not specify the utilization frequency, or the application location of the medication being requested. As such, the prescription of Duragesic 75mcg.HR Patch, #15 is not medically necessary.