

Case Number:	CM14-0181495		
Date Assigned:	11/06/2014	Date of Injury:	11/14/2001
Decision Date:	12/11/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 11/14/01. A utilization review determination dated 10/3/14 recommends non-certification of Xanax and compound cream. Subsys was modified. 10/21/14 medical report identifies no major changes in low back and bilateral leg pain. The patient was able to fill all medications but the Zanaflex and TN1 cream. Subsys is really helpful for severe breakthrough pain. Pain is rated as 8/10. On exam, there is tenderness with pain on active range of motion (ROM). The 4 A's were discussed. Recommendations include Percocet, Cymbalta, Neurontin, OxyContin, Zanaflex, Xanax, Prilosec, Subsys, Baclofen, Voltaren gel, TN1 cream, and Zolof. Urine drug screen was said to be consistent on 8/30/12 and 9/23/13. Medication management has been helping her function. Medial branch blocks were also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.25mg BID as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Regarding the request for Xanax (Alprazolam), the MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any specific objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the California MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Xanax (Alprazolam) is not medically necessary.

Subsys 200 ugm 1 SL daily as needed for severe breakthrough pain #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 44. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 44 and 47. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Subsys Official FDA Information (<http://www.drugs.com/pro/subsys.html>)

Decision rationale: Regarding the request for Subsys (Fentanyl), California MTUS cites that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use when opiates are utilized. They do not specifically address this formulation of Fentanyl, but they do specifically recommend against the use of other short-acting formulations of Fentanyl for musculoskeletal pain, and Subsys is indicated only in the management of cancer pain per the FDA. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that opioids are improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS). There is no clear rationale presented for the use of this medication for musculoskeletal pain in addition to both long-acting and short-acting opioids. It should be noted that opiates should not be abruptly stopped; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Subsys is not medically necessary.

TN1 compound cream Ketoprofen 10%, Lidocaine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding the request for TN1 compound cream, the California MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Topical Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis." Topical Lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." Additionally, it is supported only as a dermal patch. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the requested TN1 compound cream is not medically necessary.