

Case Number:	CM14-0026359		
Date Assigned:	06/13/2014	Date of Injury:	12/29/2009
Decision Date:	07/17/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/03/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 patient is a 56 year-old male with a 12/29/2009 date of injury. According to the 2/10/14 family medicine report from the [REDACTED], the patient presents with chronic facial and neck pain with headaches. He has been diagnosed with myofascial pain in the left face and neck; migraine and cervicogenic headaches; and major depressive disorder with chronic unresolved pain. He was treated with Fentanyl 25mcg; gabapentin 800mg 4-5/day; sumatriptan for migraines; and clonazepam for sleep. On 2/20/14, Utilization Review approved the gabapentin and sumatriptan; and did not grant the request for the clonazepam, and Fentanyl patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

GABAPENTIN 800MG QID UP TO 5/ DAY #150 TIMES 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51-52.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: According to the 2/10/14 family medicine report from the [REDACTED], the patient presents with chronic facial and neck pain with headaches. He has been diagnosed with myofascial pain in the left face and neck; migraine and cervicogenic headaches; and major depressive disorder with chronic unresolved pain. The 2/20/14 Utilization Review letter recommended approval for gabapentin 800 mg qid to 5/day #150 x3 refills. Based on the information provided for this Independent Medical Review, the gabapentin is not in accordance with the California MTUS guidelines. The patient's diagnoses are myofascial pain and the California MTUS for AEDs for myofascial pain specifically state that for Myofascial pain it is not recommended. There is not enough evidence to demonstrate that AEDs significantly reduce the level of myofascial or other sources of somatic pain. The use of gabapentin is not in accordance with the California MTUS guidelines for myofascial pain. Therefore, the request is not medically necessary.

FENTANYL PATCH 25MCG Q 72H #10 TIMES 3 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: According to the 2/10/14 family medicine report from the [REDACTED], the patient presents with chronic facial and neck pain with headaches. He has been diagnosed with myofascial pain in the left face and neck; migraine and cervicogenic headaches; and major depressive disorder with chronic unresolved pain. The 1/16/14 report states the patient is on Fentanyl 50-mcg patch, and the physician was planning to decrease to 25mcg for 2-weeks, then decrease to 12.5mcg for 2 weeks for weaning. The 2/10/14 report states the patient's pain level was up to 7-8/10 which was increased since the reduction of the Fentanyl patch to the 25mcg. The request was to continue Fentanyl at the 25 mcg dose for 3-months. The Fentanyl appears to be reducing the patient's pain levels since the reduction of Fentanyl 50mcg to 25mcg increased the pain levels. The physician is attempting to wean the patient down from 50mcg and requested a slower taper at the 25mcg level. The request appears to be in accordance with MTUS guidelines. The Fentanyl patches have provided a satisfactory response, with decreasing the patient's pain levels. The California MTUS does not require discontinuing or weaning of medications that are providing a satisfactory response, however, the physician was motivated by the Utilization Review denial, to wean the patient, and has taken him off the 50mcg patch to the 25mcg patch. The California MTUS states: Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms. Therefore, authorization for fentanyl 25mcg patches #10, with 3 refills is medically necessary.

SUMATRIPTAN 100 MG AT ONSET OF MIGRAINE MAY REPEAT TIMES 1 IN 2 HRS #10 TIMES 1 REFILL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Orange Book, National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, head chapter online for: Triptans.

Decision rationale: According to the 2/10/14 family medicine report from the [REDACTED], the patient presents with chronic facial and neck pain with headaches. He has been diagnosed with myofascial pain in the left face and neck; migraine and cervicogenic headaches; and major depressive disorder with chronic unresolved pain. The 2/20/14 UR letter recommended approval for the sumatriptan. The request is for Sumatriptan 100mg at onset of migraine, may repeat x1 in 2hours, #10. The Official Disability Guidelines states this is recommended for migraine sufferers. The patient has been diagnosed with migraine headaches. The request and the Utilization Review authorization, both appear to be in accordance with Official Disability Guidelines. Therefore, the request is medically necessary.

CLONAZEPAM 0.5MG HS SLEEP #30 TIMES 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: According to the 2/10/14 family medicine report from the [REDACTED], the patient presents with chronic facial and neck pain with headaches. He has been diagnosed with myofascial pain in the left face and neck; migraine and cervicogenic headaches; and major depressive disorder with chronic unresolved pain. The request is for clonazepam 0.5mg, QHS, sleep, #30 with 3 refills. The records show that this was first prescribed on 2/10/14. The California MTUS guidelines for benzodiazepines states that they are not recommended for long-term treatment, and that most guidelines limit the use to 4-weeks. The request for the Independent Medical Review shows a 4-week supply, but also has 3 refills for 16-weeks duration. The request as written will exceed the California MTUS recommended duration. Therefore, the request for Clonazepam 0.5mg, #30 with 3 refills is not medically necessary.