

Case Number:	CM15-0009348		
Date Assigned:	01/27/2015	Date of Injury:	11/22/2004
Decision Date:	03/23/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/15/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 33 year old male sustained a work related injury on 11/22/2004. According to a progress report dated 10/27/2014, the injured worker complained of increased depression over the past month with his current situation of chronic pain. He was already prescribed Lexapro and previously failed Prozac. He continued to try and wean down and off his Methadone completely but stated it was difficulty due to his job. He continued to work full-time in a very labor intensive job which was physical demanding with long work hours. He continued to stay active with exercising at a gym regularly. He had previously failed lumbar epidural steroid injection, physical therapy, acupuncture, chiropractor, OxyContin, Baclofen, Skelaxin, Zanaflex, Flexeril, and Robaxin. His pain level was rated 8 on a scale of 1-10. According to a progress note dated 11/10/2014, the injured worker's flare up of his low back pain following a radiofrequency ablation performed on 10/29/2014 was slowly resolving. He was not yet able to wean down or reduce his pain medications. He discontinued Soma for his flare-up muscle spasms after radiofrequency ablation. His pain level was 6-7 on a scale of 1-10. He was not able to try Cymbalta for his depression. He stated he was trying his Lexapro which was previously prescribed. He reported significant improvement in mood and outlook on life with the use of this medication over the past month. Diagnoses included bulging lumbar disc and postlaminectomy syndrome. Medications included Lexapro, Fentanyl Transdermal Patch and Methadone. On 01/09/2015, Utilization Review non-certified Fentanyl Patch 100mcg/hour #10, Methadone 10mg #210 and Lexapro 10mg #30. According to the Utilization Review physician, in regard to Fentanyl, there was no documentation of attempt to reduce the Fentanyl to assess improved

efficacy at lower dosing, which was important since hyperalgesia may be present. There was no documentation of significant and progressive improvement in pain and functions associated with chronic high dose opioid treatment. Opioids have been escalated since the last review. Recent IMR (Independent Medical Review) upheld non-certification. CA MTUS Chronic Pain Medical Treatment Guidelines Long-Acting Opioids was cited. In regard to Methadone, the injured worker had probably developed opioid tolerance and opioid hyperalgesia as noted in the prior review. There was no documentation of significant and progressive improvement in pain and function associated with chronic high dose opioid treatment. The injured worker's opioid medications have been escalated since the last review. Recent IMR upheld non-certification. CA MTUS Chronic Pain Medical Treatment Guidelines was cited. In regard to Lexapro, the injured worker has been taking this medication for over 5 months. Clinical records do not document the specific reasoning for the injured worker to continue taking this medication. There was no documentation of mood disorder or symptoms. There was no documentation of Beck Depression Scale or other mood rating test. CA MTUS Chronic Pain Treatment Guidelines for anti-depressants was cited. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100mcg/hr, #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic Page(s): 44.

Decision rationale: Per MTUS CPMTG with regard to Duragesic: "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. It is manufactured by [REDACTED] and marketed by [REDACTED] (both subsidiaries of [REDACTED]). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids. Four domains 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. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review indicates that the injured worker's medication regimen of fentanyl patch and methadone represents a morphine equivalent dose of 1080. As the MTUS guidelines do not recommend exceeding 120mg oral morphine equivalents per day, the request is not supported. Furthermore, there was no evidence that the injured worker has failed first line opioids.

Methadone 10mg, #210: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 61, 78.

Decision rationale: With regard to methadone, the MTUS CPMTG states: "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids. Four domains 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. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The documentation submitted for review indicates that the injured worker's medication regimen of fentanyl patch and methadone represents a morphine equivalent dose of 1080. As the MTUS guidelines do not recommend exceeding 120mg oral morphine equivalents per day, the request is not supported. Furthermore, there was no evidence that the injured worker has failed first line opioids.

Lexapro 10mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13. Decision based on Non-MTUS Citation Mental Illness & Stress

Decision rationale: Per the ODG guidelines with regard to Lexapro: Recommended as a first-line treatment option for MDD and PTSD. I respectfully disagree with the UR physician's denial based upon lack of documentation of Beck Depression Scale. The documentation indicates that the injured worker has depression related to chronic pain and that he has failed Prozac. The MTUS guidelines recommend antidepressants/SSRIs for chronic pain. The request is medically necessary.