

Case Number:	CM15-0136896		
Date Assigned:	07/24/2015	Date of Injury:	12/05/1999
Decision Date:	09/16/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/15/2015

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: Connecticut, California, Virginia
 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 58 year old female, who sustained an industrial injury on 12/5/99. The injured worker was diagnosed as having disorders of the sacrum, cervical disc displacement, chronic pain syndrome, cervicocranial syndrome, cervical post laminectomy syndrome, and migraines. Treatment to date has included medication and treatment with a psychologist. The injured worker had been taking Nortriptyline HCL, Propanolol, Alprazolam, and Zolpidem Tartrate since at least 2/17/15 and Lidoderm patches since at least 6/19/15. Currently, the injured worker complains of neck and low back pain. The treating physician requested authorization for Nortriptyline HCL 25mg #30, Propanolol 20mg #30, Alprazolam 1mg #10, Zolpidem Tartrate 5mg #30, and Lidoderm 5% patch (700mg/patch) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nortriptyline HCL 25mg 1 capsule at bedtime #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Tricyclics Page(s): 13.

Decision rationale: The MTUS covers use of antidepressants in detail, recommending use of tricyclic antidepressants as a first-line agent for neuropathic pain unless they are ineffective. In this case, it appears that a tricyclic is a reasonable treatment based on the provided records. Close monitoring should occur in order to objectively evaluate for evidence of functional improvement on the medication in order to facilitate future and continued treatment planning. Therefore, the request in this case is considered medically necessary based on the provided records.

Propranolol 20mg, 1 tablet at bedtime #30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Postgrad Med J. 1976; 52 Suppl 4:168-74, Propranolol in the treatment of anxiety.

Decision rationale: The MTUS and ODG do not specifically address the use of Propranolol in work-related injuries, and therefore the literature provides the best mechanism for assessment of clinical necessity in this case. It is well known that use of Propranolol to mitigate symptoms of anxiety can be successful, and in this case, the use of chronic benzodiazepines and Zolpidem for insomnia have been discontinued. Continued use of Propranolol in this case for treatment of blood pressure, headache, and specifically anxiety is reasonable as a safe alternative in continuing to treat this patient. Therefore, the request is considered medically necessary at this time based on the provided records.

Alprazolam 1mg, 1 tablet daily as needed #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation unreasonable according to utilization review, and the request was appropriately non-certified. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug, therefore the request is not medically necessary at this time, and non-certification per utilization review decision is considered reasonable in order to facilitate weaning.

Zolpidem Tartrate 5mg, 1 tablet at bedtime as needed #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia (Zolpidem).

Decision rationale: According to the ODG guidelines, Ambien is indicated for short-term treatment (two to six weeks) of insomnia and is not considered appropriate in for long-term sleep concerns. There are other medications and non-pharmacologic modalities that should be considered as long-term treatments for insomnia. Per the ODG Guidelines for Insomnia, Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Other modalities for sleep improvement should be considered, along with possible other medications that are more appropriate for long-term treatment. If continued treatment with Ambien is required, more detailed documentation of failed sleep treatments and reasoning as to why other pharmacotherapy is not attempted should be provided, along with sleep study data. While the prescribing physician describes the patient's use of Ambien as more sporadic, the use of this medication is not the best choice over the long term. Therefore, in the opinion of this reviewer, the request is not medically necessary.

Fentanyl 100mcg/hr patch, apply 1 patch to skin every 48 hours #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review denied the request to facilitate appropriate weaning. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Fentanyl patches is not medically necessary without a plan for weaning.

Lidoderm 5% patch (700 mg/patch) 1 patch to affected area 12 hours on/off #30:
Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered

appropriate as a first-line treatment, and in this case, the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, but given the required weaning from Fentanyl, Lidoderm continuation is reasonable at this time. Therefore, the request is medically necessary in order to aid in facilitating opioid weaning.