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| Case Number: | CM15-0145265 | | |
| Date Assigned: | 08/06/2015 | Date of Injury: | 10/10/1992 |
| Decision Date: | 09/15/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/27/2015 |

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 45-year-old female who sustained an industrial injury on 10-10-92. She had knee arthroscopy in 1992 and a lumbar MRI on 3-2-2001. Progress report dated 6-26-15 reports follow up for pain control. Description of current complaints was not given. Medications include: cyclobenzprine, duragesic patch, fioricet, lyrica, promethazine, Xanax, nortriptyline, triamcinolone acetonide cream, spiriva with handihaler and epipen. Diagnoses include: reflex sympathetic dystrophy of the lower limb, post traumatic stress disorder, lumbago and neuropathic pain. Plan of care: she has been off narcotics for some time, today will reduce fentanyl patch from 100 to 75 refilled nortriptyline and gabapentin. Work status: disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulfate ER 30mg #120: Upheld

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

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

Decision rationale: 5/22/15 physician progress note states "She is developing itching on the morphine sulfate extended-release." The note also states "We changed her from brand name fentanyl/Duragesic patches 100ug to the morphine a while back because she was developing a reaction to the adhesive under the patch." The note also states "For now we will return to the Duragesic film 100ug." While the trial of oral morphine in place of the fentanyl patch may have been appropriate in light of the reaction to the patch, the prescription of a narcotic to begin with, is not justified without documentation of functional and pain reduction benefit.

According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for morphine and therefore is not medically necessary.

Xanax 2mg #120, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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

Decision rationale: Xanax is a benzodiazepine. 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. Long-term use may actually increase anxiety. Xanax is not medically necessary in this case. A progress note from January 2015 indicated that the Xanax was going to be weaned. It appeared the worker was receiving the medication for the diagnosis of agoraphobia but there was no documentation of the benefit. The 6/26/15 progress note indicates that on 5/22/15 she had been prescribed Xanax 1 mg, 1 tablet 4 times a day as needed. There is no indication in the record why the strength is being increased to 2 mg. This worker has been on Xanax for longer than the recommended 4 week limit without justification for continued use and particularly for an increase in dose. There is no discussion in the record of the status of her agoraphobia with panic disorder or another indication for the use of Xanax and therefore is not medically necessary.

Nortriptyline 25mg #90, 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13 and 14.

Decision rationale: The record indicates she is being prescribed Nortriptyline for neuralgia, neuritis, and radiculitis. Nortriptyline is a tricyclic antidepressant and in the MTUS guidelines is recommended as first line medication for neuropathic pain. It may also be beneficial for chronic low back pain. However, the progress notes available from January 2015 to 6/26/15 do not provide any subjective information or objective evaluation regarding the status of these problems or the benefit from the medication. Therefore, Nortriptyline is not medically necessary.

Triamcinolone cream 0.1% #1 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hanifin, JM, Et al. Guidelines of care of atopic dermatitis, J Am Acad Dermatol. 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp: Triamcinolone cream.

Decision rationale: According to Lexicomp, triamcinolone cream is indicated for steroid responsive dermatoses including contact dermatitis. The progress note of 6/26/15 does not indicate the condition for which the triamcinolone cream is being prescribed. The worker does have a history of a rash from Fentanyl patches in the past but there is no documentation of a rash or of the response to triamcinolone cream in the most recent progress notes available. Therefore, triamcinolone cream cannot be determined to be medically necessary.