

Case Number:	CM15-0211928		
Date Assigned:	11/02/2015	Date of Injury:	12/05/1999
Decision Date:	12/31/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/27/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 58 year old woman sustained an industrial injury on 12-5-1999. Diagnoses include disorders of the sacrum, cervical disc displacement, chronic pain syndrome, cervicocranial syndrome, cervical post-laminectomy syndrome, and intractable migraines. Treatment has included oral and topical medications including Alprazolam, Zolpidem, Fentanyl, Bupropion, Sumatriptan, Lidoderm patch, Nortriptyline, and Propranolol. Physician notes dated 9-25-2015 show complaints of chronic neck pain and low back pain with radiation to the buttock and headaches, depression, and anxiety. The physical examination shows no significant findings. Recommendations include Fentanyl patches both 75 and 12 mcg/hr, Alprazolam, Zolpidem, Bupropion, Nortriptyline, Propranolol, Sumatriptan, urine drug screen, and follow up in four weeks. Utilization Review denied requests for Fentanyl 75 mcg/hr patches, Alprazolam, Zolpidem, Nortriptyline, Propranolol, and Sumatriptan on 10-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Propranolol 20mg tablet, 1 tablet by mouth qhs #30 with 2 refills: 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 Medscape Internal Medicine 2014.

Decision rationale: Among antihypertensive medications, the evidence for migraine prevention is strongest with beta blockers. Beta blockers may prevent migraines by blocking vasodilators, decreasing platelet adhesiveness and aggregation, stabilizing the membrane, and increasing the release of oxygen to tissues. Significant to their activity as migraine prophylactic agents is the lack of partial agonistic activity. Latency from initial treatment to therapeutic results may be as long as 2 months. Beta blockers should not be used as first-line agents for migraine prophylaxis in smokers over age 60 years. Compared with other antihypertensive medications, beta blockers pose a higher risk of cardiovascular events. Inderal (Propranolol) is FDA approved for migraine prevention. The dose may be increased gradually to achieve optimum migraine prophylaxis. The long-acting form can be taken once daily. In this case, the documentation indicates that the patient has a history of migraine headaches. This medication is part of her medical regimen and has proven to be beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Fentanyl 75mcg/hr patch, apply 1 patch to skin every 48 hours (total dose 87 mcg/hr) #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 Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl transdermal (Duragesic) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. Patches are worn for a 72-hour period. In this case, the treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. There is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Alprazolam 1 mg tablet take 1 daily as needed, #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In this case, the patient states improvement of anxiety, depression and insomnia on his current regimen of medications. However, there is no documentation of objective functional improvement that would support the subjective benefit from Xanax noted. The MTUS does not recommend benzodiazepines for long term use for any condition. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

Zolpidem Tartrate 5mg tablet, take 1 at bedtime as needed #30 with 2 refills: 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 treatment.

Decision rationale: According to the ODG, Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Ambien can be habit-forming, and may impair function and memory more than opioid analgesics. There is also concern that Ambien may increase pain and depression over the long-term. The treatment of insomnia should be based on the etiology, and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. In this case, the request also exceeds the guideline recommendations. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

Sumatriptan Succ 100 mg tablet, take 1 every day as needed, not to exceed 19/month #19, with 3 refills: 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 Official Disability Guidelines (ODG) Triptans.

Decision rationale: According to the ODG, triptans are recommended for patients who suffer from migraines. The documentation indicates that the patient has a diagnosis of intractable migraine headaches and Sumatriptan (Imitrex) is part of her medical regimen. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Nortriptyline HCL 25mg cap, take 1 at bedtime #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) Antidepressants for chronic pain.

Decision rationale: Antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Nortriptyline (Pamelor), are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decomposition (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening EKG is recommended prior to initiation of therapy. In this case, there is no specific indication for this medication and there is no documentation of objective functional improvement as a result of this medication. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.