

Case Number:	CM15-0213535		
Date Assigned:	11/03/2015	Date of Injury:	11/22/2004
Decision Date:	12/15/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/30/2015

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: North Carolina
 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 66 year old female, who sustained an industrial injury on 11-22-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for high blood pressure, high cholesterol, hypothyroidism, chronic pain syndrome, myalgia and myositis, sacroiliac pain, lumbar degenerative disc disease, and lumbar strain or sprain. Medical records (04-14-2015 to 10-01-2015) indicate ongoing low back pain with radiation into the lower extremities. Pain levels were rated 7 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or ongoing improvement in functioning. The IW's work status was not specified. The physical exam, dated 10-01-2015, revealed tenderness and muscle spasms in the right thoracic region and bilateral lumbar region, positive lumbar facet loading, positive straight leg raises on the left, positive Faber's test, tenderness over the sacroiliac (SI) spine, sciatic notch and bilateral SI joint, decreased sensation in the L4-5 dermatomes, tenderness in the cervical paraspinal muscles, and restricted range of motion in the cervical spine. Relevant treatments have included: physical therapy (PT), epidural steroid injections, work restrictions, and pain medications (Fentanyl since 2006 and nortriptyline since at least 2014). The treating physician indicates that pain levels are under control with current medications and that there had been no signs or evidence of misuse. However, the last reported urine drug screening and CURES report were dated in 2013. The PR and request for authorization (10-01-2015) shows that the following medications were requested: Fentanyl 75mcg patch #10 apply every 72 hours, and nortriptyline 50mg one at bedtime #30 (3 refills). The original utilization review (10-14-2015) non-certified the

request for Fentanyl 75mcg patch #10 apply every 72 hours, and partially approved the request for nortriptyline 50mg one at bedtime #30 (3 refills) which was modified to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 75mcg patch, apply q72 hrs, #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 Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, one should continue opioids if the patient has returned to work and/or the patient has improved functioning and pain. The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Nortriptyline 50mg, one qhs, #30 with 3-refills: Overturned

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): Antidepressants for chronic pain.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, tricyclic antidepressants are recommended over selective serotonin reuptake inhibitors (SSRIs), unless adverse reactions are a problem. Caution is required because tricyclics have a low threshold for toxicity, and tricyclic antidepressant overdose is a significant cause of fatal drug poisoning due to their cardiovascular and neurological effects. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. This class of medications works in both patients with normal mood and patients with depressed mood when used in treatment for neuropathic pain. 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. Negative results were found for spinal cord pain and phantom-limb pain, but this may have been due to study design. Tricyclics have not demonstrated significance in randomized-control trials in treating HIV neuropathy, spinal cord injury, cisplatin neuropathy, neuropathic cancer pain, phantom limb pain or chronic lumbar root pain. One review reported the NNT for at least moderate neuropathic pain relief with tricyclics is 3.6 (3-

4.5), with the NNT for amitriptyline being 3.1 (2.5-4.2). The NNT for venlafaxine, calculated using 3 studies, was reported to be 3.1 (2.2-5.1). Another review reported that the NNT for 50% improvement in neuropathic pain was 2 to 3 for tricyclic antidepressants, 4 for venlafaxine, and 7 for SSRIs. The patient has the diagnosis of lumbar strain with radicular symptoms. The requested medication is indicated as first line treatment for neuropathic pain. Therefore, the request is medically necessary.