

Case Number:	CM15-0214168		
Date Assigned:	11/04/2015	Date of Injury:	05/16/2003
Decision Date:	12/22/2015	UR Denial Date:	10/19/2015
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old female who sustained an industrial injury on 05-16-2003. Medical records indicated the worker was treated for cervical disc degeneration, brachial neuritis or radiculitis not otherwise specified, long term use of medications, and facitisitis not otherwise specified. In the provider notes of 09-23-2015, the worker presents to her pain management physician after a spinal cord stimulator trial. She presents with neck and bilateral upper extremity pain, has multiple joint pains and lumbar pain. She noted approximately 20% pain relief following the neurostimulator trial. The worker has had long term use of medications including Amitriptyline (since at least 05-07-2015), Cyclobenzaprine(since at least 05-07-2015), Norco (since at least 05-07-2015), Fentanyl (since at least May 06, 2015). The worker is permanently disabled. The plan of care on 09-23-2015 was to start a taper off of opioids "with substitution to buprenorphine (started 09-23-2015) to minimize risks of opioid-induced hyperalgesia". Between visits, the worker successfully tapered down her Duragesic patches according to a planned schedule but her pain "got out of control" and she had to take the Duragesic 12 mcg patch at the same time as the Duragesic 25 mg patch. She did go down to 25mcg then to the 12mcg as discussed during her visits. She is now on Fentanyl 37.5 mg and is willing to taper further after getting her body used to it. She did note multiple side effects including headache and nausea when tapering along with reduced functionality and dramatically escalated pain. The worker's prescription history and urine drug screens were reviewed during the 09-23-2015 visit and plans were made to continue her taper. A request for authorization was submitted for: 1. Buprenorphine 2mg #90 with 1 refill 2. Amitriptyline HCL 25mg #603.

Cyclobenzaprine 10mg #904. Duragesic 12mcg/hr patch, #155. Duragesic 25mcg/hr patch, #156. Norco 10/325mg #90A utilization review decision 10/19/2015 Authorized:-Duragesic 12mcg/hr patch, #15-Duragesic 25mcg/hr patch, #15-Norco 10/325mg #90 And modified to approve the following:-Buprenorphine 2mg #90 with no refill-Cyclobenzaprine 10mg #45-weaning should be initiated. Amitriptyline HCL 25mg #30-weaning should be initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine 2mg #90 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

Decision rationale: The patient presents with headache and nausea when tapering along with reduced functionality and dramatically escalated pain. The current request is for Buprenorphine 2mg #90 with 1 refill. The treating physician states, in a report dated 09/23/15, "Buprenorphine 2mg Tablet SI SIG: 1-2 po TID for pain relief, do not start until instructed QTY: 90.00 (158B) The MTUS guidelines state, Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as her lack of aberrant behaviors while on his current medication regimen and the patient's desire to wean off of opioids (157B). The current request is medically necessary.

Amitriptyline HCL 25mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Amitriptyline.

Decision rationale: The patient presents with headache and nausea when tapering along with reduced functionality and dramatically escalated pain. The current request is for Amitriptyline HCL 25mg #60. The treating physician states, in a report dated 09/23/15, Amitriptyline HCL 25 Mg Tab SIG: Take 1-2 daily QTY: 60.00. The MTUS guidelines states it is recommended.

Amitriptyline is a tricyclic antidepressant. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the treating physician, based on the records available for review, has noted functional improvement with prior usage of this medication. The current request is medically necessary.

Cyclobenzaprine 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with headache and nausea when tapering along with reduced functionality and dramatically escalated pain. The current request is for Cyclobenzaprine 10mg #90. The treating physician states, in a report dated 09/23/15, Cyclobenzaprine 10 Mg Tablet SIG: 1 tid prn spasm QTY: 90.00 (145B). The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants (amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. In this case, the patient has been on this medication since at least 04/07/15 (25B) which is not supported by the MTUS guidelines. The current request is not medically necessary.