

Case Number:	CM14-0163806		
Date Assigned:	10/08/2014	Date of Injury:	01/17/2001
Decision Date:	12/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female who has submitted a claim for lumbar spinal stenosis and major depressive disorder associated with an industrial injury date of 1/17/2001. Medical records from 8/18/2014 was reviewed showing continued low back pain and recent onset of headaches. She continues to have right leg numbness that is constant. Physical examination revealed right lumbar spasms and positive straight leg raise test. Achilles reflexes are decreased compared to patellar tendon reflex. Her mood is good. Treatment to date has included Alprazolam 0.5mg b.i.d. (unknown initial date of prescription), Lidoderm patch (unknown initial date of prescription), Amitriptyline 50mg q.h.s. (unknown initial date of prescription), and Naproxen 500mg b.i.d. (unknown initial date of prescription). The utilization review from 9/9/2014 denied the request for Alprazolam 0.5 mg # 60 with 5 refills, Lidoderm 5 percent 700mg/patch # 30 with two refills, Naproxen 500 mg # 60 with six refills, and Amitriptyline 500 mg # 30 with 5 refills. Regarding Alprazolam, long-term use is not recommended. Regarding Lidoderm, the reason for denial was not made available. Regarding Naproxen, the patient does not seem to have osteoarthritis. Regarding Amitriptyline, the reason for denial was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg # 60 with 5 refills: Upheld

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

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

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. CA MTUS limit the use of Benzodiazepine for 4 weeks. In this case, the patient has been taking alprazolam 0.5mg since at least 8/2014. It is unclear why the patient is taking a benzodiazepine. Moreover, the long-term use of this medication is not recommended. Therefore, the request for Alprazolam 0.5 mg # 60 with 5 refills is not medically necessary.

Lidoderm 5 percent 700mg/patch # 30 with two refills: 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 Lidoderm patch Page(s): 56-57.

Decision rationale: As stated on page 56-57 of the California MTUS Chronic Pain Medical Treatment Guidelines, Lidoderm patch is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). In this case, the patient has been using this Lidoderm patch since at least 8/2014. Although the patient is taking a tri-cyclic antidepressant, Amitriptyline, there was no documented subjective or objective improvement with use of Lidoderm patch. Therefore the request for Lidoderm 5 percent 700mg/patch # 30 with two refills is not medically necessary.

Naproxen 500 mg # 60 with six refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67.

Decision rationale: According to page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient has been using this medication since at least 8/2014. As mentioned above, this drug is not effective for long-term neuropathic pain, but useful for breakthrough pain. There is no evidence that the patient is experiencing breakthrough pain. Moreover, there is no discussion why six refills should be

certified at this time. Frequent monitoring of patient's response to current treatment regimen is paramount in managing chronic pain conditions. Therefore the request for Naproxen 500 mg # 60 with six refills is not medically necessary.

Amitriptyline 500 mg # 30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: According to pages 13-14 of the CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants are recommended as a first line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. It is also a possible option for non-neuropathic pain in depressed patients. In addition, assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. In this case, the patient has been taking this medication since at least 8/2014. Although the patient presents with neuropathic pain and is diagnosed with depression, the documentation provided does not have a comprehensive evaluation of function, changes in use of other medication, sleep quality and duration, and psychological assessment to assess the treatment efficacy of this medication. Therefore the request for Amitriptyline 500 mg # 30 with 5 refills is not medically necessary.