

Case Number:	CM14-0213073		
Date Assigned:	12/30/2014	Date of Injury:	03/21/2011
Decision Date:	02/19/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 woman with a date of injury of 3/21/11. She was seen by her provider on 11/10/14 with complaints of poor pain control. Her current medications were fentanyl patch, nucynta, nortriptyline, graline, zanaflex, amitiza, Wellbutrin and omeprazole. Her exam showed lumbar spine tenderness with bilateral lower extremity sensitivities. She used a front wheeled walker for ambulation. Her diagnoses were 'failed back' and bilateral lower extremity RSD. She also had a diagnosis of depression. At issue in this review is the request for the medications: fentanyl patch, nortriptyline and zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 100mcg patch #15 Q48H PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included use of several medications including narcotics and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to fentanyl patch to justify use per the guidelines. Additionally, the long-term efficacy of opioid for chronic back pain is unclear but appears limited. The medical necessity of fentanyl patch is not substantiated in the records.

Nortriptyline 50mg #30 PO QHS PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 14.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included use of several medications including narcotics and muscle relaxants. Per the guidelines, tricyclic antidepressants are used as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. This injured worker has a history of depression but no clear physical exam evidence of neuropathic pain or why the worker requires this medication in addition to opioids. It is also not clear if this medication is prescribed for pain or depression. There is no discussion of efficacy or side effects or a rationale for the medication. The records do not support the medical necessity of Nortriptyline.

Zanaflex 4mg #90 PO TID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2011. The medical course has included use of several medications including narcotics and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 11/14 fails to document any spasm on physical exam or improvement in pain, functional status or a discussion of side effects to justify use. There is also no spasm documented on exam. The medical necessity for zanaflex is not supported in the records.