

Case Number:	CM15-0127766		
Date Assigned:	07/14/2015	Date of Injury:	03/28/1995
Decision Date:	08/18/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/01/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 3/26/1995. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar radiculopathy, displacement of lumbar intervertebral disc, and depressive disorder, not elsewhere classified. Treatment to date has included diagnostics, epidural steroid injections, and medications. Currently (6/03/2015), the injured worker complains of chronic low back pain and right leg pain, status post lumbar laminectomy in 1993. She noticed pain radiating down the left lower extremity about one month ago. Her pain was not rated. She was taking Gabapentin and Fentanyl, with decreased pain and improved activity level. She reported that her Lexapro and Lunesta were not authorized, with worsened depressive symptoms and not sleeping. She reported lack of energy and motivation. Current medications included Ampyra, Gilenya, Amitriptyline, Hydrocodone, Toviaz, Gabapentin, Lexapro, and Fentanyl. Urine drug screen was performed and was documented positive for tricyclic antidepressants. Urine toxicology reports were not submitted. The use of Gabapentin, Fentanyl, and Lexapro was noted for at least one year (per PR2 1/13/2014). Her work status was not documented. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

Decision rationale: Per the MTUS guidelines: Fentanyl is an opioid analgesic with potency eighty times that of morphine. Weaker opioids are less likely to produce adverse effects than stronger opioids such as Fentanyl. Per MTUS CPMTG with regard to Duragesic: "Not recommended as a first-line therapy. Duragesic is the trade name of a Fentanyl transdermal therapeutic system, which releases Fentanyl, a potent opioid, slowly through the skin. It is manufactured by ALZA Corporation and marketed by Janssen Pharmaceutical (both subsidiaries of Johnson & Johnson). The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means." MTUS p93 notes that Duragesic should only be used in patients who are currently on opioid therapy for which tolerance has developed. Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals neither insufficient documentation to support the medical necessity of Fentanyl nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The records indicate that the injured worker had decreased pain and continued improved activity level while taking gabapentin and Fentanyl patch, however, quantified documentation of pain relief and specific functional benefit were not documented. The injured worker had been using this medication since 1/2014. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records indicate that routine UDS was performed; however, there are no reports available. CURES report was not documented. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

Gabapentin 300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16-18.

Decision rationale: With regard to anti-epilepsy drugs, the MTUS CPMTG states "Fibromyalgia: Gabapentin and pregabalin have been found to be safe and efficacious to treat pain and other symptoms. (Arnold, 2007) (Crofford, 2005) Pregabalin is FDA approved for fibromyalgia." Per MTUS CPMTG, "Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Per MTUS CPMTG p17, "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects." Per the documentation submitted for review, the injured worker has been using this medication since 1/2014. The records indicate that the injured worker had decreased pain and continued improved activity level while taking gabapentin and Fentanyl patch, however, quantified documentation of pain relief and specific functional benefit were not documented. Absent this, medical necessity cannot be affirmed.

Lexapro 20mg #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants for treatment of MDD, Escitalopram.

Decision rationale: The MTUS is silent on the treatment of major depressive disorder. Per the ODG guidelines Lexapro is recommended as a first-line treatment option for MDD and PTSD. Per the ODG guidelines with regard to antidepressants: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. Professional standards defer somewhat to patient preference, allowing for a treatment plan for mild to moderate MDD to potentially exclude antidepressant medication in favor of psychotherapy if the patient favors such an approach. (American Psychiatric Association, 2006) Lexapro is indicated for the injured worker's depression. It was noted per progress report that the injured worker was having problems with sleep and mood swings being off of Lexapro. She was not suicidal or depressed at that time though. As the guidelines do not recommend this treatment for mild symptoms, medical necessity cannot be affirmed.