

<b>Case Number:</b>	CM15-0128329		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	12/05/1999
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: Texas, Florida

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 58-year-old female, who sustained an industrial injury on December 5, 1999. The initial symptoms reported by the injured worker were body pain. The injured worker was diagnosed as having sacrum disorders, cervical disc displacement, chronic pain syndrome, cervicocranial syndrome, postlaminectomy cervical syndrome and common intractable migraine. Treatment to date has included diagnostic studies, functional restoration program evaluation and medication. On July 24, 2015, the injured worker complained of low back pain. The pain was noted to be improved with rest, position changes and medication. She continued to report migraines and spasm in her neck muscles. She stated that her fentanyl patches decrease her pain level by 50% allowing her to perform activities of daily living with less pain, bupropion helps improve her mood and nortriptyline allows her to sleep more comfortably. The treatment plan included medications, follow-up visit and participation in a functional restoration program if authorized. On June 24, 2015, Utilization Review non-certified the request for Alprazolam 1 mg #10 for date of service 5/18/2015, Lidoderm 5% patch quantity 30, Fentanyl 100 mcg/hr patch quantity 15, Bupropion HCI XL 150 mg quantity 60 and Sumatriptan SUCC 100 mg quantity 16, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg Qty: 10. No refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines be limited to short-term period of less than 4 to 6 weeks. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with sedatives. The guidelines recommend that antidepressants with anxiolytic action be utilized in chronic pain patients with co-existing psychosomatic disorders. The criteria for the use of alprazolam 1mg #10 DOS 5/18/2015 was not met. The request is not medically necessary.

**Lidoderm 5% patch (700mg/patch) Qty: 30. No refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications. The record did not show subjective, objective findings consistent with the diagnosis of localized neuropathic pain. There is no documentation of failure of first line medications. The criteria for the use of Lidoderm 5% patch (700mg/patch) #30 was not met. The request is not medically necessary.

**Fentanyl 100mcg/hr patch Qty: 15. No refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 36-37, 42-43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics and PT have failed. The chronic use of opioid can be associated with the development of tolerance, dependency, addiction, sedation, opioid induced hyperalgesia and adverse interaction with other sedatives. The guidelines recommend that fentanyl be utilized as second line option in non-cancer pain in opioid tolerant patient who cannot utilize standard first line oral opioids. The records did not show that the patient met these guidelines criteria. The criteria for the use of fentanyl 100mcg/hr #15 was not met. The request is not medically necessary.

**Bupropion HCI XL 150mg Qty: 60. No refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that antidepressant medications can be utilized for the treatment of chronic pain associated psychosomatic disorders. The presence of non-treated psychiatric disorders is associated with the decreased efficacy and compliance with chronic pain treatment. The criteria for the use of Bupropion HCL XL 150mg # 60 was not met. The request is not medically necessary.

**Sumatriptan Succ 100mg Qty 16. No refills: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prevention and treatment of migraine headache. The records indicate that the patient is utilizing sumatriptan for the treatment of exacerbation of migraine headache. There is documentation of compliance, pain relief and functional restoration with the use of sumatriptan. The criteria for the use of Sumatriptan succinate 100mg #16 was not met. The request is not medically necessary.