

Case Number:	CM15-0177990		
Date Assigned:	09/18/2015	Date of Injury:	12/05/1999
Decision Date:	10/22/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/10/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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-work injury on 12-5-99. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having cervical disc displacement, intractable migraine, disorder of sacrum, post cervical laminectomy syndrome, and chronic pain syndrome. Treatment to date has included medication and functional restoration program on 7-16-16. MRI results were reported on 4-15-14 of the lumbar spine revealed multilevel disc degeneration with disc bulges creating mild degrees of compromise at L3-4, L4-5, and L5-S1. MRI (magnetic resonance imaging) of the cervical spine done on 4-15-14 reveals status post anterior cervical discectomy and fusion at C5-6 and C6-7 without evidence for residual or recurrent canal or neural foraminal compromise. C4-5 anterolisthesis with minimal disc bulge and C7-T1 minimal disc bulging. Currently, the injured worker complains of chronic neck pain due to cervical displacement and post laminectomy syndrome and low back pain. Pain is described as a poking type pain in the bilateral buttock area and the pain in the back feels like a crushing sensation. There was increased frequency of migraines and spasm in her neck muscles over the last month. Fentanyl patches decrease pain level by 50% with improved ability to perform ADL's (activities of daily living). Per the primary physician's progress report (PR-2) on 8-24-15, a medication refill was continued with compliance of medications. Current medications include Alprazolam, Zolpidem tartrate, Tegaderm, Fentanyl 100 mcg patch, Bupropion Hcl XI, Sumatriptan, Lidoderm 5% patch, Nortriptyline, and Propranolol. On 7-24-15, exam noted normal gait, normal muscle tone without atrophy in all extremities. Current plan of care includes medication management. The Request

for Authorization date was 8-26-15 and requested service that included Alprazolam 1mg tablet take 1 daily as needed and Fentanyl 100mcg/hr patch apply 1 patch to skin every 48 hrs #5.00 number of refills not specified. The Utilization Review on 9-2-15 partially-modified-denied the request due to non-recommendation for long term use of Alprazolam and Duragesic (Fentanyl) was denied since documentation lacked information regarding failure of first-line treatment as well as specific objective functional benefit, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 1mg tablet take 1 daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason the request is not medically necessary.

Fentanyl 100mcg/hr patch apply 1 patch to skin every 48 hrs #5.00 number of refills not specified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate

medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 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. (Passik, 2000)

(d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management.

(e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control.

(f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion).

(g) Continuing review of overall situation with regard to non-opioid means of pain control.

(h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse.

When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)

The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.