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| Case Number: | CM13-0033355 | | |
| Date Assigned: | 12/06/2013 | Date of Injury: | 11/23/2010 |
| Decision Date: | 05/05/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/09/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 Physician 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:

This is a patient with a date of injury of 11/23/10. A utilization review determination dated 9/23/13 recommends non-certification of Colace Savella. Naproxen 550 mg was modified to naproxen 500 mg. The 9/16/13 medical report identifies that current medications are naproxen and Savella. Medications decrease pain by 50% and allow for home exercise. The patient complains of constipation. Back pain is most bothersome with radiation into the buttocks. There have been two episodes of severe headaches with neck pain and radiation to the LUE. Back pain radiates to the LLE with numbness and tingling into the foot. On exam, there is neck spasm with decreased painful ROM 80% and back decreased painful ROM flexion 70% and tenderness to palpation. Acupuncture caused increased pain. Treatment plan includes Savella, trial of Colace PRN for constipation, and continue naproxen 550 mg PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, prophylactic treatment of constipation Page(s): 77.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
[HTTP://WWW.DRUGS.COM/PPA/DOCUSATE.HTML](http://www.drugs.com/ppa/docusate.html)

Decision rationale: Regarding the request for Colace, the MTUS guidelines do not address the issue except in the context of preventing constipation for patients on chronic opioid therapy. Within the documentation available for review, there is documentation of new complaints of constipation. The employee is not taking opioids, but this medication is indicated for the short-term treatment of constipation regardless of its relationship to opioid use. In light of the above, the currently requested Colace is medically necessary.

Naproxen 550mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn), Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-69.

Decision rationale: Regarding the request for naproxen 550 mg #30, MTUS Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, medications are noted to decrease pain by 50% and allow for home exercise. The proposed dosage of approximately 550 mg per day is within the recommendations of the MTUS guidelines, which recommends 500-1000 mg per day. In light of the above, the currently requested naproxen 550 mg #30 is medically necessary.

Savella 25mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Section Pain, Milnacipran (Savella)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, MILNACIPRAN (SAVELLA)

Decision rationale: Regarding the request for Savella, the MTUS guidelines do not address the issue. The ODG guidelines indicate that it is under study as a treatment for fibromyalgia syndrome. Within the documentation available for review, there is no documentation of symptoms/findings consistent with fibromyalgia. In light of the above issues, the currently requested Savella is not medically necessary.