MAXIMUS Federal Services

Case Number:	CM13-0040348		
Date Assigned:	12/20/2013	Date of Injury:	01/30/2006
Decision Date:	02/26/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Management, has a subspecialty in Disabilty Evaluation and is licensed to practice in Florida, California, Maryland and Washington, DC. 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:

Subject is a 55 year old female with history of low back pain and lower extremity radiculopathy sustained from an industrial injury in 2006. A spinal fusion L5-S1 surgery of 10/2009 was complicated by colon perforation and required an ileostomy, which was removed on 2/10/10. On 4/18/2011, she required a bladder surgery by [redacted], urologist. Now s/p hernia surgery by [redacted] on 1/4/13. She complains of pain in right and left UQ.. Following a QME evaluation by [redacted] on 06/14/2011, she was declared permanent and Stationary, and was awarded her future medical with ongoing visits, as well to have referrals to a psychiatrist and sleep specialist. Sleep study revealed sleep apnea, requiring C-pap at night, with better sleep and resolved headaches noted. She admitted to [redacted] by [redacted] for SBO that was managed conservatively at time of d/c on 5/10/13. Has intermittent stabbing stomach pains but eating, drinking and BM were normal. She was diagnosed with lumbar disc with radiculitis, lumbar post-laminectomy syndrome, and low back pain. In a progress report dated 6/12/13 the patient was now doing much better from the small bowel obstruction with intermittent stabbing pains in the stomach, but, she was eating and drinking and having bowel movements. There were no changes in the character, frequency~ duration, severity or location of pain. Pain was 5/10. The plan was to continue Wellbutrin, Norco, and to stop Lidoderm. Physician Assistant [redacted] stated there is no record of what further information was required.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TWC-Pain Page(s): 75,76 of 127. Decision based on Non-MTUS Citation Opioids for chronic pain

Decision rationale: With respect to Hydrocodone treatment, the guideline does not support its long term use. Given that this patient recently had surgery for small bowel obstruction, opioids should be tapered and weaned-off, because of the inherent side effect of constipation. The guidelines stated that Opioids should be discontinued if there is no overall improvement in function, and they should be continued if the patient has returned to work or has improved functioning and pain. If tapering is indicated, a gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms and 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. Therefore the request for therefore, the request tor Hydrocodone/APAP 5/300 mg #60 is not medically necessary.

SAVELLA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 14,15 of 127. Decision based on Non-MTUS Citation TWC-Pain (Chronic) (Updated 11/14/2013) Milnacipran (SavellaÂ®) Other Medical Treatment Guideline or Medical Evidence: DailyMed

Decision rationale: Savella is a selective serotonin and norepinephrine reuptake inhibitor (SNRI), similar to some drugs used for the treatment of depression and other psychiatric disorders. Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. The guidelines indicate that Savella is under study as a treatment for fibromyalgia syndrome. The records do not reflect a diagnosis of fibromyalgia syndrome. Therefore, the request for one prescription of Savella l2.5mg #60 is not medically necessary.

HEPATIC PANEL: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines and National Guidelines Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Liver Function Test/Acetaminophen Page(s): 12 of 127.

Decision rationale: Patient is taking Acetaminophen and hydrocodone for pain management. According to MTUS Chronic Pain Medical Treatment Guidelines: Part 2 - Pain Interventions and Treatments, (page 12) . Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. (Hunt, 2007) A warning is given on all acetaminophen products that patients that consume â¿¥ 3 alcoholic drinks a day should discuss use with their physician, although a systematic review of acetaminophen use in alcoholic subjects concluded that there was little credible evidence to implicate therapeutic doses as a cause of fulminant hepatotoxicity in alcoholics. (Dart, 2007) Recent RCTs found that short-term treatment (3-5 days) of acetaminophen in newly abstinent alcoholic patients did not cause hepatic injury. (Kuffner, 2007) (Bartels, 2008) Acetaminophen, when used at recommended maximum doses, may induce ALT elevations >3Ã¿ ULN in up to nearly 40% of subjects. Therefore HEPATIC PANEL (liver function test) is medically appropriate in this patient.