

Case Number:	CM13-0044817		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2010
Decision Date:	05/14/2014	UR Denial Date:	10/22/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in Texas. 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:

The injured worker is a 32-year-old female who reported an injury on 05/17/2010. The mechanism of injury was not provided. Current diagnoses included myofascial pain syndrome, cervical strain, lumbar strain, lumbosacral radiculopathy, and status post cervical surgery. The injured worker was evaluated on 10/15/2013. The injured worker has been treated with a lumbar epidural steroid injection without relief. The injured worker is also participating in a home exercise program. The injured worker reported persistent pain with spasm and decreased range of motion. Physical examination revealed positive straight leg raising, decreased sensation, decreased range of motion, and positive spasm. Treatment recommendations included continuation of current medication and TENS therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAVELLA 25 MG, #60 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), CHRONIC PAIN CHAPTER, MILNACIPRAN (SAVELLA®).

Decision rationale: The California MTUS Guidelines indicate that SNRIs are recommended as an option in first line treatment of neuropathic pain, if tricyclics are ineffective, poorly tolerated, or contraindicated. According to the documentation submitted, the injured worker has utilized Savella 25 mg twice per day, since 12/2012. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. There is no mention of a contraindication to tricyclic antidepressants. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

LUNESTA 2 MG, #30 X 2 REFILLS: 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) WEBSITE: [HTTP://WWW.ODG-TWC.COM/ODGTWC/PAIN.HTM](http://www.odg-twc.com/odgtwc/pain.htm).

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

Decision rationale: The Official Disability Guidelines indicate that insomnia treatment is recommended based on etiology. Lunesta has demonstrated reduced sleep latency and sleep maintenance. There is no documentation of objective functional improvement as a result of the ongoing use of this medication. There is also no mention of a failure to respond to non-pharmacologic treatment. There is no frequency listed in the current request. As such, the request is non-certified.

CYMBALTA 60 MG, #30 X 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines indicate that Cymbalta is recommended for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used off label for neuropathic pain and radiculopathy. According to the documentation submitted, there is no indication of this injured worker's active utilization of this medication. The injured worker is currently utilizing Savella 25 mg. The medical necessity for 2 separate antidepressants has not been established. There is also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.

FLEXERIL 7.5 MG, #90 (DISPENSED 10/15/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized Flexeril 7.5 mg since 07/2013. There is no documentation of objective functional improvement. The injured worker continues to demonstrate palpable muscle spasm. There is also no frequency listed in the current request. Guidelines do not recommend long-term use of this medication. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.