MAXIMUS Federal Services

Case Number:	CM13-0049782		
Date Assigned:	12/27/2013	Date of Injury:	11/11/1999
Decision Date:	06/04/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/08/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 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/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 patient is a 57 year old female who sustained an injury on 11/11/99 and was followed for chronic complaints of neck and right shoulder pain. The patient had an extensive history of lidoderm patch, nambutone, and savella use as far back as September of 2012. In 2012, the patient noted that her medications had been less effective. The patient was also utilizing Lyrica in addition to lidoderm patches. Nambutone was started in May of 2013. The clinical record from 10/01/13 indicated that the patient had benefits from medications. The patient had increased savella use to twice per day. Other medications at this evaluation included Fexmid 7.5mg. On physical examination there was tenderness to palpation and spasm in the cervical spine with trigger points to the left side versus right. There was parascapular muscle tenderness and tenderness in the rhomboids and trapezius. No neurological deficit was identified. There was a recommendation to return for physical therapy for reeducation on home exercise program. Follow up on 11/07/13 indicated that savella was providing more benefits than any other antidepressant or neurophtic medication. Physical examination findings were unchanged at this evaluation. The patient reported side effects from Lyrica and cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

Decision rationale: The chronic use of muscle relaxants is not recommended by current evidence based guidelines. At most, muscle relaxants are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there has been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, ongoing use of this medication at this time would not be medically necessary.

1 PRESCRIPTION OF LIDODERM 5% 700MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM Page(s): 56-57.

Decision rationale: Lidoderm patches were only indicated in the treatment of neuropathic pain when other primary medications for neuropathic pain such as antidepressants or anticonvulsants had failed. The patient had side effects from cymbalta and lyrica; however, there was no evidence in the most recent clinical evaluation provided for review of any ongoing neuropathic symptoms that would reasonably require the use of lidoderm patches. Complaints were primarily myofascial in nature and would not have supported the use of lidoderm patches per guideline recommendations. This medication is not medically necessary.

1 PRESCRIPTION OF SAVELLA 50MG: 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).

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, ANTIDEPRESSANTS FOR CHRONIC PAIN.

Decision rationale: The clinical literature discussed the use of Savella in the treatment of fibromyalgia; however, there was no evidence of this condition in the clinical documentation submitted for review. The clinical documentation otherwise did not provide any other indications for ongoing use of Savella that would support its clinical use in this situation. Therefore, this medication is not medically necessary.

1 PRESCRIPTION OF NABUMETONE 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain.