MAXIMUS Federal Services

| Case Number: | CM13-0057777 | | |
|---|---|---|---|
| Date Assigned: | 12/30/2013 | Date of Injury: | 07/17/2002 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 08/22/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

## 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 Physical Medicine & Rehabilitation 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 60-year-old female who reported an injury on 07/17/2002. The patient is status post left shoulder arthroscopy and debridement with arthritis, posterior labral tear, thin under surface fraying rotator cuff tear as of 08/22/2013. The documentation states the patient had a work related injury that resulted in multiple surgeries of the bilateral upper extremities leading to right upper extremity reflex sympathetic dystrophy, occipital neuralgia, migraine headaches, and also stated the patient participating in some of the Functional Restoration Programs. The patient was most recently seen on 10/29/2013 for a follow-up and re-evaluation for continued complaints from her industrial injury. Treatments for the patient's injury have included occipital nerve blocks, trigger point injections with Botox and having completed therapy FRP with continued use of the principles learned there. The patient's medication list as of that time was Savella, Aciphex, Butrans patches, Axert, and Soma.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ACIPHEX 20 MG #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAID) gastrointestinal (GI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Aciphex 20 mg #30 with 2 refills is not medically necessary or appropriate. The requested medication is a proton pump inhibitor. California Medical Treatment Utilization Schedule recommends gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. There was no clinical documentation submitted for review to provide evidence of gastrointestinal disturbances that would require the use of this medication. There is no documentation to support that the patient is at risk for development of gastrointestinal disturbances. Therefore, the use of this medication is not supported. As such, the requested Aciphex 20 mg #30 with 2 refills is not medically necessary or appropriate.

**SAVELLA 100 MG #60 WITH 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), Treatment Index, 11th Edition (web) 2013, Pain-Milnacipran

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The requested Savella 100 mg #60 with 2 refills is not medically necessary or appropriate. The requested medication is an antidepressant. California Medical Treatment Utilization Schedule does recommend the use of antidepressants as a first line medication in the management of a patient's chronic pain. However, there was no clinical documentation to support that the patient has deficits that require medication management. Therefore, the need for this medication is not indicated. As such, the requested Savella 100 mg #60 with 2 refills is not medically necessary or appropriate.

**SAVELLA 50 MG #60 WITH 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), Treatment Index, 11th Edition (web) 2013, Pain-Milnacipran

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The requested Savella 50 mg #60 with 2 refills is not medically necessary or appropriate. The requested medication is an antidepressant. California Medical Treatment Utilization Schedule does recommend the use of antidepressants as a first line medication in the management of a patient's chronic pain. However, there was no clinical documentation to support that the patient has deficits that require medication management. Therefore, the need for this medication is not indicated. As such, the requested Savella 50 mg #60 with 2 refills is not medically necessary or appropriate.

**AXERT 12.5MG #18 WITH 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), Treatment Index, 11th Edition (web) 2013 Head-Triptans and Physicians' Desk Reference

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.Com

**Decision rationale:** According to the online website drugs.com, Axert is known as Almotriptan which is a headache medication that narrows blood vessels around the brain and reduces substances in the body that can trigger headache pain, nausea, sensitive to light and sound, and other migraine symptoms. This medication is used to treat migraine headaches in adults and in adolescents who are at least 12 years old and can only treat headache that has already begun; it will not prevent headaches or reduce the number of attacks. In the case of this patient, the most recent mention of the use of this medication was in the documentation dated 09/17/2013. The most recent documentation dated 10/29/2013 states that the patient is seen every 3 months for every evaluation and also for potential medication refills. The medications were not refilled on 10/29/2013, and there are no current clinical documentations provided for review indicating the patient continues to need this medication to treat her symptoms. Therefore, at this time the medication is not considered medically necessary and is non-certified.

**SOMA 350MG #60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

**Decision rationale:** According to California MTUS Guidelines, Carisoprodol is not indicated for long term use. The documentation indicates the patient has been utilizing this medication since at least 2012, and there is no current clinical documentations indicating the patient continues to necessitate a skeletal muscle relaxant. Therefore, due to the non-recommendation for long term use per CA MTUS guidelines, and without sufficient information pertaining to the patient's current pathology, the requested service cannot be supported at this time and is non-certified.