

Case Number:	CM13-0070058		
Date Assigned:	01/03/2014	Date of Injury:	04/05/2011
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/24/2013

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 and Rehabilitation 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:

This patient is a 38-year-old female who sustained work related injury on 04/05/2011 while she was putting boxes onto a shelf in the freezer when she slipped and fell sustaining injury to her back, neck and ankle. She has also been experiencing symptoms of anxiety, depression and sleep disorder since the incident. Treatment history includes medications, psychotherapy, and physical therapy. Medications treatment includes Savella, Vicoprofen, and Pamelor. A note dated 11/20/2013 indicates she presented with complains of neck, lower back, and right ankle pain, 8/10. On physical exam of the neck, there was no tenderness to palpation of the spinous processes, the paraspinal muscles, the trapezius muscles. There is full range of motion with flexion, extension, lateral bending and lateral rotation. On physical exam of back, there was no tenderness to palpation of the lumbar spinous processes and paraspinal muscles. There is full range of motion with flexion, extension, lateral bending and lateral rotation. Diagnosis was neck sprain/strain, thoracic sprain/strain, lumbosacral sprain/strain, and ankle sprain.

IMR ISSUES, DECISIONS AND RATIONALES

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

SAVELLA 12.5MG #270: 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 (Chronic), Antidepressants for Chronic Pain

Decision rationale: The California MTUS/ACOEM guidelines do not specifically discuss the issue in dispute and hence the Official Disability Guidelines (ODG) have been consulted. As per ODG, "milnacipran (Savella) are slightly more likely to reduce pain in patients with fibromyalgia, according to a new Cochrane meta-analysis, but they are not superior in terms of reducing fatigue and sleep problems or in improving quality of life, and they appear to cause more adverse effects." In this case, there is no documentation that supports the diagnosis of fibromyalgia. The request for Savella 12.5mg # 270 is not medically necessary and appropriate.

PAMELOR 50MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Pamelor is Tricyclic antidepressants recommended as an option for non-neuropathic pain in depressed patients, but effectiveness is limited. In this case, this patient has continued to have daily headaches, persistent chronic neck and back pain with depression and poor sleep. He has been prescribed this medication chronically and there is no documentation of objective functional improvement with the use of this medication. The request for Pamelor 50mg # 90 is not medically necessary and appropriate.

VICOPROFEN 7.5/200MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-92.

Decision rationale: According to the California MTUS guidelines, Vicoprofen is recommended for short-term use only (generally less than 10 days). In this case, this patient complains of headaches and ongoing pain in the neck, lower back and right ankle (8/10). This patient has been prescribed this medication chronically with no documentation of objective functional improvement or reduction in pain level. The request for Vicoprofen 7.5/200mg # 30 is not medically necessary and appropriate.

PAMELOR 25MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

Decision rationale: According to the California MTUS guidelines, Pamelor is a Tricyclic antidepressant recommended as an option for non-neuropathic pain in depressed patients, but effectiveness is limited. In this case, this patient has continued to have daily headaches, persistent chronic neck and back pain with depression and poor sleep. He has been prescribed this medication chronically and there is no documentation of objective functional improvement with the use of this medication. The request for Pamelor 25mg #90 is not medically necessary and appropriate.

TRAMADOL 50MG #90: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-94.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol is a synthetic opioid affecting the central nervous system and is recommended for moderate to severe pain. In this case, this patient complains of headaches and pain in the neck, lower back and right ankle. This patient is taking Vicoprofen and Pamelor (Tricyclic antidepressant) and guidelines indicate that Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs, and other opioids. The request for Tramadol 50mg # 90 is not medically necessary and appropriate.