

Case Number:	CM14-0009361		
Date Assigned:	02/12/2014	Date of Injury:	08/29/2008
Decision Date:	05/29/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/24/2014

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 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 [REDACTED] employee who has filed a claim for knee arthralgia associated with an industrial injury of August 29, 2008. Thus far, the patient has been treated with NSAIDs, opioids, clonidine, Lyrica, topiramate, Cartivisc, cyclogaba cream, Flector patch, Voltaren gel, ketoprofen/lidocaine cream, and right knee intra-articular steroid injection. Patient had left total knee replacement in 2009 with post-operative rehabilitation, and bilateral knee surgeries over 20 years ago. Of note, patient had right carpal tunnel release performed on April 24, 2013 with post-operative physical therapy. Review of progress notes indicates unimproved moderate knee pain, with antalgic gait bilaterally. Patient was protective of bilateral wrists. Right wrist MRI dated September 03, 2013 showed a ligamental tear with advanced degenerative changes within the wrist joint. Patient also has symptoms of anxiety, depression, and sleep difficulties for which anti-anxiety and anti-depressants have been prescribed. Utilization review dated December 27, 2013 indicates that the claims administrator denied a request for Methadone and MS Contin as there is no clear indication of improved functionality with these medications or significant finding requiring ongoing opioid treatment; and Savella as there is no functional benefits and achieved with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 60 MG (MORPHINE LONG ACTING) TABLET ,60 MG 1 TABLET BY MOUTH 2X A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least November 2012 at a dosage of 300mg per day. Progress note dated September 03, 2013 indicated initiation of taper. In this case, documentation does not clearly show continued functional benefit with use of this medication. Latest progress notes report unimproved pain symptoms. Also, the requested amount is not indicated. Therefore, the request for MS Contin 60mg was not medically necessary per the guideline recommendations of MTUS.

SAVELLA 12.5 MG (MILINACIPRAN HCL)1 TABLET BY MOUTH TWICE A DAY ,#90 REFILLS 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran(1XEL) Page(s): 62-63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15,105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, Antidepressants for treatment of MDD (major depressive disorder).

Decision rationale: As noted on pages 15 and 105 of the Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. According to ODG, milnacipran is a first-line therapy suitable for most depressed patients with note that Savella had been approved by the FDA for fibromyalgia, but not for depression. The patient has been on this medication since December 2013 as patient was not able to tolerate mirtazapine given for depression symptoms. There is no documentation of neuropathic pain in this patient or intolerance to tricyclics. In addition, Savella is not approved for use for depression. Therefore, the request for Savella 12.5mg #90 was not medically necessary per the guideline recommendations of MTUS and ODG.

METHADONE 10 MG TABLET,1 TABLET EVERY 8 HOURS FOR LONG ACTIVE PAIN CONTROL #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

Decision rationale: As noted on pages 61-62 of the Chronic Pain Medical Treatment Guidelines, methadone is recommended as a second line drug for moderate to severe pain if the potential benefit outweighs the risk. Patient has been on this medication since at least November 2012. Progress notes from November 2013 indicated a methadone taper but dosage regimen was unchanged. Also, there is no clear indication of functional benefits derived from this medication. Therefore, the request for methadone 10mg #90 was not medically necessary per the guideline recommendations of MTUS.