MAXIMUS Federal Services

Case Number:	CM14-0014347		
Date Assigned:	02/26/2014	Date of Injury:	05/15/2005
Decision Date:	07/24/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 70-year-old female who has submitted a claim for chronic pain syndrome and severe depression associated with an industrial injury date of May 15, 2005. The medical records from 2013 to 2014 were reviewed. The patient complained of pain in the bilateral shoulders, mid and low back, and the sides of her thighs rated 8/10 with medications and 10/10 without medications. She reports side effects to her medications. The physical examination findings showed tenderness at L1-2. No cervical or thoracic spasms were noted. The diagnoses were chronic pain syndrome and severe depression, lightening up. Treatment plan includes a request for Norco, Intermezzo and Savella. The treatment to date has included oral and topical analgesics, TENS, home exercise program, and heating pads. A utilization review from January 30, 2014 denied the request for Intermezzo 1.75mg #30 because guidelines recommend use of Zolpidem is limited to two to six weeks only for the treatment of insomnia. The request for Savella 50mg samples was also denied because there was no evidence that the patient met the criteria for fibromyalgia. Additionally, the patient has a history of seizures. The guideline recommendations indicate that this medication should be used cautiously in patients with history of seizure disorders. Lastly, the request for Norco 10/325mg #240 has been modified to 1 prescription of Norco 10/325mg #135 for weaning purposes because the patient has experienced minimal pain relief despite use of Norco and continues to report pain and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION NORCO 10/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on Norco since April 2013. However, the most recent clinical evaluation revealed no analgesia and functional improvement with its use. Moreover, the patient reported side effects. The medical necessity of Norco was not established. Therefore, the request for 1 prescription of Norco 10/325MG #240 is not medically necessary.

1 PRESCRIPTION OF INTERMEZZO 1.75MG #30: Upheld

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

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, Ambien (zolpidem tartrate).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the ODG was used instead. According to ODG, Zolpidem is approved for the short-term (usually two to six weeks) treatment of insomnia. They may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this case, the patient was noted to be taking Intermezzo since September 2013. However, there was no documentation of insomnia based on the most recent progress reports. The patient's sleep hygiene was also not discussed. There is no clear rationale that may warrant continued use of this medication. Moreover, the guidelines recommend short-term use only. The duration of Intermezzo intake was not mentioned. Therefore, the request for 1 prescription of Intermezzo 1.75MG #30 is not medically necessary.

1 PRESCRIPTION OF SAVELLA 50 MG SAMPLES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Ixel) Antidepressants for chronic pain, Selective serotonin and Norepinephrine

reuptake inhibitors (SNRIs), SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 62-63; 15-16; 105.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines page 62-63, Milnacipran (Savella) is not recommended as it is not FDA approved and not available in the US at this time. An FDA Phase III study demonstrated "significant therapeutic effects" of Milnacipran for treatment of fibromyalgia syndrome. The California MTUS Chronic Pain Medical Treatment Guidelines pages 15-16 and 105 state that serotonin-Norepinephrine reuptake inhibitors are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In this case, there was no evidence of fibromyalgia or neuropathic pain in this patient. A progress report dated February 2014 stated that Savella did not help improve patient's condition. There is no compelling rationale concerning the need for variance from the guidelines. Therefore, the request for 1 prescription of Savella 50mg is not medically necessary.