

<b>Case Number:</b>	CM14-0019325		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	02/28/1999
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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, and is licensed to practice in Florida. 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 injured worker is a 64 year old female who reported an injury on 02/28/1999. In the clinical note dated 03/25/2014, the injured worker complained of continued right foot pain and numbness. She also stated that her right hip catches often causing pain down the right leg which causes a limping gait. It was also documented that the injured worker reported insomnia due to chronic pain. The physical examination revealed diminished active range of motion in the cervical, thoracic and lumbar spine due to pain and it was noted that a straight leg raise exacerbated left side back and leg pain proximal to the knees. The function status was documented as 4/10 overall with pain control documented as 4/10. The prescribed medications listed were Kadian, Norco, Trazodone, Flexeril, Lyrica, Savella, Clonazepam, Ativan, Ambien, and Cymbalta. The diagnoses included spondylolisthesis, symptoms involving head and neck, myofascial pain disorder, pain in limb, pain in joint, right sciatica, gait derangement, comorbid insomnia, and possible bone density issues related to chronic pain. The treatment plan included adding a topical compounding cream of clobenzaprine, Gabapentin, refill of Kadian 10mg #30 once a day no refills, refill of Norco 10/325mg once a day or twice a day as needed #60 with no refills, Savella 50mg once a day #30 with 3 refills with the purpose of this prescription to use a SNIR to not increase her opioid analgesics and Flexeril 10mg once a day or twice a day as needed #40 with no refill to replace Baclofen 20mg. The request for authorization was not submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**KADIAN 10MG, QUANTITY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MORPHINE SULFATE ER (KADIAN) Page(s): 93.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records provided for review lacked documentation of significant pain relief, functional status and any side effects after taking Kadian. The clinical note documented functional status as 4/10 and pain level as 4/10 which is unclear if it was with medication or with out and how long the effects last. Therefore, the request is not medically necessary and appropriate.

**NORCO 10/325MG, QUANTITY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS - HYDROCODONE Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Opioids, specific drug list Page(s): 78,91.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The medical records provided for review lacked documentation of pain relief, functional status, and any side effects after taking Norco 10/325mg. The MTUS Chronic Pain Guidelines also state that Norco is indicated for moderate to moderately severe pain. The clinical note documented a pain level of 4/10 but was unclear if it was before or after pain medication was taken. Therefore, the request is not medically necessary and appropriate.

**FLEXERIL 10MG, QUANTITY: 50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that Flexeril is recommended for a short course of therapy and that limited, mixed evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. The use of Flexeril is not recommended to be used longer than 2-3 weeks. The clinical note documented the request for Flexeril #50 as a refill, therefore being in excess of the MTUS Chronic Pain Guidelines' recommendation of a short course of therapy. The medical records provided for review also lacked documentation of efficacy after taking Flexeril. As such, the request for Flexeril 10mg quantity #50 is not medically necessary and appropriate.

**SAVELLA 50MG, QUANTITY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107-08.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran Page(s): 62.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that Savella (milnacipran) is not recommended as it is not FDA approved and not available in the US at this time. Savella is under study as a treatment for fibromyalgia syndrome. Savella is in a new class of antidepressants known as Norepinephrine Serotonin Reuptake Inhibitors (NSRIs). The medical records provided for review stated that the request for Savella was purposed as to not increase the injured worker's opioid analgesics. The clinical note was also unclear if there was a need for a decrease of opioids since it lacked documentation of pain and function levels before and after opioid intake. Therefore, the request is not medically necessary and appropriate.