

Case Number:	CM14-0154594		
Date Assigned:	09/24/2014	Date of Injury:	09/19/1991
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational 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:

The claimant was injured on 09/19/91 when she tried to toss two heavy bags of garbage overhead into a garbage bin. Savella, tramadol, diazepam, and Soma are under review. She had a medical evaluation on 02/17/12 for neck and back pain. She complained of frequent to constant aching and cramping pain in the back of her neck, thoracic, and low back areas with occasional radiation of pain into the neck area and upper and lower extremities. She also was diagnosed with fibromyalgia. Her pain improved with rest, massage, heat and cold compresses, and pain medications including opiates, muscle relaxants, anxiolytics, and neuropathic medications. She had received many conservative treatment measures including PT, acupuncture, etc. She was taking multiple medications including the ones that are being reviewed and also NSAIDs. She had diffuse tenderness over the midthoracic and low back regions. She also had tenderness and tightness about the neck and shoulders with diffuse trigger points. There were no neurologic deficits. Her pain was considered multifactorial including neuropathic, musculoskeletal, and myofascial type pain. She had diffuse lumbar and cervical degenerative disc disease and diffuse joint arthropathy and osteoarthritis causing pain and strain and culminating in fibromyalgia. She uses Desyrel for insomnia and Cymbalta and gabapentin for neuropathic type pain. She was prescribed Savella for fibromyalgia. Celebrex was recommended. She used tramadol for mild to moderate pain and Dilaudid for acute severe exacerbations. On 03/15/13, she was evaluated for a flare-up of fibromyalgia. She had stress due to a water leak at home and was weak and fatigued. There was no new injury. She was on multiple medications. She had diffuse trigger points with myalgia and myositis. On 08/12/13, she was seen again and stated her medications helped the fibromyalgia. She was using a hot tub in the morning. She alternates Naprosyn and Celebrex and she does not take Lyrica and Neurontin on the same days. She was tender along

the parathoracic and paralumbar regions. She was diagnosed with myalgia/myositis. There are no current clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Savella 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Savella).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Formulary - Savella

Decision rationale: The history and documentation do not objectively support the request for Savella 50mg, frequency and quantity unknown. The MTUS do not address its use and the ODG state "Savella is an antidepressant that is under study as a treatment for fibromyalgia syndrome." In this case, there is no evidence of failed trials of other first line drugs and no indication that the claimant has been involved in an ongoing exercise program to try to maintain any benefit she gets from treatment measures, including her medications. The medical necessity of the use of Savella 50mg has not been clearly demonstrated.

1 Prescription of tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 145.

Decision rationale: The history and documentation do not objectively support the request for ongoing use of tramadol 50mg quantity and frequency unknown. The MTUS state "tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." Page 114 further states "Opioid analgesics and Tramadol have been suggested as a second-line treatment (alone or in combination with first-line drugs). A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. (Dworkin, 2007) Response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs and no evidence that this medication was prescribed while a first line drug was being titrated to pain relief. The anticipated benefit or indications for the

continued use of this medication have not been stated. The medical necessity of tramadol has not been clearly demonstrated.

1 Prescription of diazepam 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

Decision rationale: The history and documentation do not objectively support the request for diazepam 5mg quantity and frequency unknown. The MTUS state regarding benzodiazepines, "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)." Additionally MTUS states "before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of symptoms and improved function with the medication should be recorded (Mens 2005)". The medical documentation provided does not establish the need for long-term/chronic usage of diazepam, which MTUS guidelines advise against. The medical records provided do not provide objective findings of significant anxiety that has not responded to other first line drugs or any evidence of significant spasm that does not respond to first line drugs, local modalities such as ice/heat or exercise. In this case, the claimant's pattern of use of this medication and her response to it, including relief of symptoms and documentation of functional improvement, has not been described. As such, this request for diazepam 5mg is not medically necessary.

1 Prescription of soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines carisoprodol ; Use of medications Page(s): 60; 94.

Decision rationale: The history and documentation do not objectively support the request for continued use of Soma 350mg frequency and quantity unknown. The MTUS state on p. 60 that carisoprodol is "not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary

active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. The MTUS further state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days ... A record of pain and function with the medication should be recorded. (Mens 2005)"The medical necessity of the use of Soma has not been clearly demonstrated. There is no evidence of significant spasms that do not respond to local modalities such as ice/heat and stretching exercises. There is no evidence of failed trials of first line drugs for discomfort. The claimant's pattern of use of this medication is not described. The continued use of Soma 350mg with unknown frequency and quantity has not been demonstrated.