

<b>Case Number:</b>	CM14-0178786		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	10/17/1994
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 American Board of Internal 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 injured worker (IW) is a 60-year-old woman with a date of injury of October 17, 1994. The mechanism of injury, and injuries sustained were not documented in the medical record. Pursuant to the progress report dated October 3, 2014, the IW was being treated for total body pain, fatigue, and problems sleeping. She also complained of left-sided low back pain with radiation to the left leg, which was associated with numbness and tingling. Objective findings revealed lumbar tenderness, no rheumatoid arthritis deformities, and a normal neurologic examination. The IW was diagnosed with myalgia and myositis and post-laminectomy syndrome of the lumbar region. Treatment plan recommendations include: Continue Savella 50mg and Flurbiprofen for fibromyalgia syndrome. The IW was instructed to take K-Dur 20 meq for cramps. The last urine drug screen was done August 19, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One urine drug screen:** 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), Pain (Chronic)

**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, Urine Drug Screen

**Decision rationale:** Pursuant to the Official Disability Guidelines, urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversity of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue opiate treatment. The frequency of urine drug testing is based on whether the injured worker is a low risk, intermediate or high-risk patient. In this case, there is no documentation indicating the injured worker was a high risk or intermediate risk patient for drug abuse/misuse. A drug screen was appropriate at the time of opiates were first started. However, there is no indication in the medical record for repeat urine drug testing. The last urine drug testing was performed on August 19, 2014. This injured worker would be considered a low-risk patient, based on the documentation and consequently, drug testing should be performed yearly. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, urine drug testing is not medically necessary.

**One prescription of Savella 50mg #60:** 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, Savella

**Decision rationale:** Pursuant to the Official Disability Guidelines, Savella 50 mg #60 is not medically necessary. Savella is under study as a treatment for fibromyalgia. It has significant therapeutic effects for treatment of fibromyalgia syndrome. It has been approved for treatment of depression outside of the US and is a dual serotonin and norepinephrine uptake. As there is little to no evidence that the cause of fibromyalgia is related to industrial injuries, the use of Savella should be restricted to documented cases of fibromyalgia. In this case, the request was developed was not medically necessary. Although the beneficiary has a history of fibromyalgia and the medication is approved for fibromyalgia, the injured worker continues to have total body pain, chronic fatigue and problems sleeping. The guidelines note there is little to no evidence that the cause of fibromyalgia is related to industrial injuries. Consequently, Savella 50 mg #60 is not medically necessary.

**One prescription of K-Dur 20mg #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 <http://www.nlm.nih.gov/medlineplus/potassium.html>

**Decision rationale:** Pursuant to the Official Disability Guidelines, one prescription for K Dur 20 meq #30 is not medically necessary. Calcium is a mineral that helps muscles contract, helps regulate fluids and mineral balance in an out of body cells and help maintain normal blood pressure and regulating sodium metabolism. In this case, the treating physician was prescribing K Dur (Potassium) for cramps. Potassium supplements are not indicated for cramps absent laboratory testing to verify low potassium levels. Consequently, K Dur 20 meq #30 is not medically necessary.