

Case Number:	CM14-0055945		
Date Assigned:	07/09/2014	Date of Injury:	04/03/2000
Decision Date:	09/03/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/25/2014

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 Medicine and is licensed to practice in Texas. 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 53-year old female injured on 04/03/00 due to undisclosed mechanism of injury. Diagnoses included status post injury to the shoulders and neck, status post cervical epidural with short term benefit, status post stellate ganglion blocks, and persistent residual neuropathic and somatic pain. Clinical note dated 04/10/14 indicated the injured worker presented complaining of recent increase in left arm and neck pain. Chronic use of membrane stabilizer, Serotonin-norepinephrine reuptake inhibitors and narcotic medication with 50-60% improvement in pain and moderate increase in activities of daily living were indicated. No intent to wean injured worker off medication that was effective in managing her symptoms with minimal side effects was indicated. Diagnoses included cervical radiculopathy, fibromyalgia, chronic pain, chronic post-operative pain, reflex sympathetic dystrophy of the upper limb, and neck pain. Medications included Kadian 20mg twice a day, Roxicodone 10mg every eight hours, Neurontin 800mg three times a day, Amrix 30mg every day, Savella 50mg twice a day, MiraLax every day, and Lidoderm 5% patch every day. The initial request for Amrix capsule ER 30mg, Savella 50mg and Lidoderm 5% patch was non-certified on 04/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix Casule ER 30mg: 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 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Amrix Casule ER 30mg is not medically necessary.

Savella Tablet 50mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

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

Decision rationale: As noted in the Official Disability Guidelines - Online version, Savella is under study as a treatment for fibromyalgia syndrome. A Food and Drug Administration Phase III study demonstrated "significant therapeutic effects" of milnacipran for treatment of fibromyalgia syndrome. Documentation indicates the injured worker has been diagnosed with fibromyalgia and benefits from the use of the medication. As such, the request for Savella Tablet 50mg is medically necessary.

Lidoderm Patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or Serotonin-norepinephrine reuptake inhibitors anti-depressants or an anti-epileptics such as gabapentin or Lyrica) Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Lidoderm Patch 5% is not medically necessary.