

Case Number:	CM14-0059811		
Date Assigned:	07/09/2014	Date of Injury:	02/28/1999
Decision Date:	09/10/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	04/30/2014

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 64 year old female injured on 02/28/1999 due to an undisclosed mechanism of injury. Diagnoses include acquired spondylolisthesis, myofascial pain disorder, and pain in the limb and joint, right sciatica, gait derangement and comorbid insomnia. Clinical note dated 06/18/14 indicates the injured worker presented complaining of chronic daily right foot pain and numbness, right hip catching, and pain radiating to the right lower extremity, and insomnia related to chronic pain. The injured worker reported performing light exercise, swimming, and walking in an indoor pool. Aggravating factors were reported to include taking care of her ailing parents. Objective findings included positive straight leg raising test on the left, palpable tenderness to paraspinal muscles in the cervical spine, deep tendon reflexes 2+ symmetrically, no clonus, and Babinski negative. Treatment plan included continuation of topical compound cream, Kadian 10 milligrams qd, Norco 10/325 milligrams twice daily as needed, Flexeril 10 milligrams transition to Baclofen 20 milligrams, and Savella 50 milligrams once daily. The initial request for topical compound cream (Cyclobenzaprine/Gabapentin 10/10 percent) 4 gram, Flexeril 10 milligrams quantity 40, Savella 50 milligrams quantity 120 was initially non-certified on 04/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Compound Cream (Cyclobenzaprine 10%, Gabapentin 10%) 4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. California Medical Treatment Utilization Schedule, Food and Drug Administration, and Official Disability Guidelines, require that all components of a compounded topical medication be approved for transdermal use. Both components of this compound have not been approved for transdermal use. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

Flexeril 10mg QTY: 40.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (Cyclobenzaprine) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted in 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 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 two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity of Flexeril 10 milligrams quantity 40 cannot be established at this time.

Savella 50mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin and Norepinephrine Reuptake Inhibitor (SNRI) Page(s): 13-16. Decision based on Non-MTUS Citation Per Daily Med (<http://dailymed.nlm.nih.gov/dailymed/drugInfo>).

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

Decision rationale: Current guidelines indicate Savella is utilized for the treatment of fibromyalgia. There is no indication the injured worker has been diagnosed with or is being treated for fibromyalgia syndrome. As such, the request for Savella 50 milligrams quantity 120 cannot be recommended as medically necessary at this time.