

Case Number:	CM14-0064242		
Date Assigned:	07/16/2014	Date of Injury:	12/04/2000
Decision Date:	08/22/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/07/2014

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:

This patient is a 57-year-old female who sustained work related injury on 12/04/2000 when she was involved in a MVA. Treatment history includes physical therapy, massage therapy, medications, and injections. A urine drug screening was done on 01/10/2014 was positive for hydrocodone and hydromorphone. A progress report dated 04/21/2014 was hand written and not entirely legible. It was noted that the patient rates her pain to be 8-9/10 with medications and 10/10 without her treatment. Still has intermittent numbness in fingers and toes. Lower back is still greatest pain interfering with sleep. On exam, pain on end range of motion but no radiation. No crepitation. Right knee tender around margin of bursa especially superiorly more than joint line tenderness. No swelling in feet, mild left ring finger. Diagnoses was pain following MVA, cervical stenosis, neck pain, right knee bursitis, low back pain. The provider has requested Soma, Norco, and trial of Savella. An UR report dated 04/28/2014 indicates that the request for Norco is denied because there is no documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. The request for Soma was denied because the long term use of muscle relaxant is not recommended and partially certified to allow for downward titration and complete discontinuation. The request for Savella was denied because of lack of ongoing efficacy (measurable subjective and/or functional benefit with prior use).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids are indicated for moderate to severe pain. Efficacy of long-term use is not clearly established. In this case the patient is taking high-dose opioids on a long-term basis for a multiple chronic pain complaints. She is diagnosed with fibromyalgia and chronic regional pain syndrome. However, medical records fail to establish clinically significant functional improvement, pain reduction, or reduction in dependency on medical care due to opioid use. Her opioid prescription, currently for Norco and Nucynta, exceeds the maximum recommended morphine equivalent dose of 120. Medical necessity is not established. Therefore, the request is not medically necessary.

Soma 350MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: According to MTUS guidelines, Carisoprodol (SOMA) is not recommended for long-term use. Provided medical records do not support an exception to this recommendation. There is no documentation of clinically significant functional benefit from use of this medication. Medical necessity is not established. Therefore, the request is not medically necessary.

Savella 50MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Ixel) Page(s): 62-63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Milnacipran (Savella®) www.pdr.net.

Decision rationale: MTUS guidelines do not recommend Milnacipran (Savella). ODG guidelines state Milnacipran should be restricted to documented cases of fibromyalgia. In this case the patient carries a diagnosis of fibromyalgia. However, records fail to demonstrate improvement on this medication. There is notation of too nauseated and no help in reference to Savella. Apparently, samples were tried and did not prove effective. Medical necessity is not established. Therefore, the request is not medically necessary.