

Case Number:	CM14-0069725		
Date Assigned:	07/14/2014	Date of Injury:	12/05/1991
Decision Date:	09/09/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/14/2014

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 Physical Medicine and Rehabilitation 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:

Progress report dated 03/28/2014 states the patient complained of pain and tightness in the right hand and fingers with persisting weakness. On exam, the right hand and arm is tender; the right 5th finger contracture. There is no erythema or effusion. The patient has been diagnosed with shoulder/arm sprain/strain. The recommendation is Bupropion SR 200 mg, Lidoderm patches 5%; Xanax 0.5 mg; Tramadol 50 mg and Motrin 600 mg. Many of the notes are written and illegible. Medical report on 1/17/14 documented that treatment plan include Savella, Lidoderm patches, Xanax, Tramadol, and other medications. Prior utilization review dated 04/15/2014 by [REDACTED] states the request for Savella 25mg #60 and Xanax 0.5mg #60 is denied as there is a lack of documented evidence to support the request, Lidoderm 5% #30, and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 25mg #60: 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), Serotonin and norepinephrine reuptake inhibitor (SNRI).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 62. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Milnacipran (Savella®).

Decision rationale: Guidelines indicate that Savella is a medication under study for fibromyalgia, which is not a diagnosis documented for this patient. Therefore, the request for Savella 25mg #60 is not medically necessary.

Xanax 0.5mg #60: 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): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepine (Lorazepam) Guidelines.

Decision rationale: The California MTUS Guidelines state that benzodiazepines are 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. Medical records indicate chronic use of Xanax, which is not supported by guidelines. Given these reasons, Xanax .5mg #60 is not medically necessary.

Lidoderm 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The guidelines state topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic (TCA) or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical records do not establish this patient has an active neuropathy. The medical records do not reveal any current subjective and objective findings of a localized peripheral pain. The medical records do not establish all first-line therapy has been tried for this patient. The request for Lidoderm 5% #30 is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list Page(s): 76-78; 93-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Tramadol.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like Nortriptyline, SNRI anti-depressants like Duloxetine, or anticonvulsants like Gabapentin as a further attempt to control the pain and to facilitate the patient to keep off of opioids. Therefore, Tramadol is not medically necessary.