

Case Number:	CM14-0081198		
Date Assigned:	07/18/2014	Date of Injury:	01/25/1995
Decision Date:	08/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 01/25/1995 of unspecified cause of injury. The injured worker had a history of pain to multiple body parts such as neck, shoulders, back, hips, knees, ankles, and legs, insomnia and severe anxiety and panic attacks. The injured worker had diagnoses of fibromyalgia, chronic insomnia, crushing syndrome, depression with severe anxiety, left knee osteoarthritis, and cervicalgia. The prior surgery included a postoperative cervical fusion. No diagnostics for review. The past treatments included outpatient physical therapy dated 2011 through 2013, physical medicine and rehab dated 2011 through 2014. The injured worker used a crutch to assist with ambulation. The objective findings dated 05/27/2014 revealed a cervical hump to the posterior cervical spine with tenderness to palpation to multiple body parts including shoulders, thoracic spine, knees, and hips. Popliteal fossa was compatible with a Baker's cyst positive for swelling, bilateral edema to both extremities. The medications included Trazodone 100 mg, Savella 50 mg, Klonopin 1 mg, and Dilaudid 2 mg. No Visual Analogue Scale provided. The treatment plan included cold therapy and possible acupuncture, TENS unit, norepinephrine and serotonin reuptake inhibitor, neurosurgical consult, endocrinologist consultation, evaluation of a plastic surgeon, evaluation of an orthopedic, evaluation for pain management, pain management psychologist, relaxation training. The request for authorization dated 06/05/2014 was submitted with documentation. The rationale for Trazodone was for the management of insomnia and medication for her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazadone 100 mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Insomnia Treatment; and Mental Illness and Stress Chapter.

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) Insomnia treatment.

Decision rationale: The Official Disability Guidelines indicate that selective antidepressants such as amitriptyline, trazodone, and mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation. The documentation provided did not indicate any symptoms the injured worker was currently experiencing from insomnia. The clinical notes did not address the length of time the injured worker had been taking the Trazodone. Per the guidelines indicate a tolerance may develop and rebound effect after discontinuation. The request did not address the frequency. As such, the request is not medically necessary.

Savella 50 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran Page(s): 62.

Decision rationale: The California MTUS does not recommend milnacipran as it is not FDA approved and not available in the US at this time. Understudy as a treatment for fibromyalgia syndrome. An FDA Phase III study demonstrated significant therapeutic effects of milnacipran for treatment of fibromyalgia syndrome. Milnacipran has been approved for the treatment of depression outside of the U.S. and is in a new class of antidepressants known as Norepinephrine Serotonin Reuptake Inhibitors. What makes Milnacipran different from the Selective Serotonin Reuptake Inhibitors - drugs like Prozac - and Selective Norepinephrine Reuptake Inhibitors - drugs like Effexor - is that Milnacipran affects two neurotransmitters, norepinephrine and serotonin. The medication Milnacipran is not recommended. The request did not address the frequency. As such, the request is not medically necessary.

Hydromorphone 2 mg tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on going pain management Page(s): 77.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as hydromorphone for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Per the clinical notes provided, no physical assessment was conducted that centered to the lumbar spine. The documentation was not evident of side effects, pain relief, physical and psychosocial function. Per the clinical notes there was no indication of the length of time taking the hydromorphone. No pain measurements. The request did not address the frequency or the duration. As such, the request is not medically necessary.