

Case Number:	CM14-0093322		
Date Assigned:	08/11/2014	Date of Injury:	09/24/2007
Decision Date:	09/26/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 42-year-old female with reported injuries on 09/24/2007. Her diagnoses included hypertension, diabetes mellitus, irritable bowel syndrome, fibromyalgia, hyperlipidemia, and a small hiatal hernia and gastroesophageal reflux disease. The previous treatments were not provided as far as therapy or home exercise program. The injured worker had an examination on 07/07/2014 where she was complaining of feeling depressed. There is a lack of pain scale provided. There was a lack of examination of motor strengths, sensation, reflexes, and neurological deficits. There was a lack of functional deficits or improvements that were provided on this examination. There were no other complaints that were noted. The list of medications included Savella, Hydrocodone/APAP, Viibryd, Hyoscyamine, and Lyrica. The recommended plan of treatment is to renew the medications. The Request for Authorization and the rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Franklin Pharmaceutical
LLC<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=3a200492-c460-4b19-ac16-b64493904b88>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The request for Savella 50 mg #50 is not medically necessary. The California MTUS Guidelines recommend antidepressants for the first line option for neuropathic pain. The guidelines recommend the assessment efficacy should include pain outcomes and an evaluation of function, changes in the use of other analgesic medications, sleep quality and duration, and psychological assessment. The California MTUS Guidelines also state that there is more information needed regarding the role of SNRIs used for the treatment of fibromyalgia. There was a lack of measurable outcome of pain efficacy. There was also no evaluation regarding function, sleep quality and duration, and there also was not a psychological assessment provided. Furthermore, the medication does not specify directions as far as frequency and duration. There is a lack of evidence to support the number of 50 pills without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Savella 50 mg is not medically necessary.

Hydro/APAP 10/325mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78-80.

Decision rationale: The request for the Hydro/APAP 10/325 mg #15 is not medically necessary. The California MTUS Guidelines recommend for the ongoing management of opioids to include documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. There was a lack of efficacy of the medication provided. There was not an assessment of the side effects in this examination. There was a lack of physical and psychosocial functioning deficits and or improvements that were provided. There was not a urine drug screen test provided for review to determine if there was aberrant or non-adherent drug related behaviors. Furthermore, the request does not specify directions as far as frequency and duration. There is a lack of evidence to support the medical necessity of this medication. Therefore, the request for the Hydro/APAP 10/325mg #15 is not medically necessary.

Vilbryd 40mg #30: 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 Antidepressant Page(s): 13-16.

Decision rationale: The request for Viibryd is not medically necessary. The California MTUS Guidelines recommend for the ongoing management of opioids to include documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. There was a lack of efficacy of the medication provided. There was not an assessment of the side effects on this examination. There was a lack of physical and psychosocial functioning deficits and or improvements that were provided. There was not a urine drug screen test provided for review to determine if there was aberrant or non-adherent drug related behaviors. Furthermore, the request does not specify directions as far as frequency and duration. There is a lack of evidence to support the medical necessity of this medication. Therefore, the request for Viibryd is not medically necessary.

Hyosciamine Tab 0.125mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Franklin Pharmaceutical LLC <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=3a200492-c460-4b19-ac16-b64493904b88>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com, Levsin, <http://www.rxlist.com/levsin-drug/indications-dosage.htm>.

Decision rationale: The request for the Hyoscyamine 0.125 mg #60 is not medically necessary. The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines do not address this request. The rxlist.com recommends Hyoscyamine in the adjunctive therapy in the treatment of peptic ulcer, gastric secretion, visceral spasms, and hypermotility in spastic colitis, spastic bladder, cystitis, and associated abdominal cramps. It is used for the treatment of irritable bowel syndrome and functional gastrointestinal disorders. There was a lack of documentation and evidence of peptic ulcer, gastric secretions, or visceral spasms. The injured worker did not have any complaints of nausea, vomiting, constipation, or diarrhea upon this examination. The injured worker does, however, have a diagnosis of irritable bowel syndrome. Additionally, the request does not specify directions as far as frequency and duration. There is a lack of evidence to support the medical necessity of this medication. Therefore, the request for the Hyoscyamine is not medically necessary.

Lyrica cap 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic meds Page(s): 16-20.

Decision rationale: The request for Lyrica 150 mg #60 is not medically necessary. The California MTUS Guidelines recommend antiepileptic drugs for neuropathic pain. California MTUS Guidelines recommend Lyrica specifically for the treatment of diabetic neuropathy and

postherpetic neuralgia. The California MTUS Guidelines state that a good response for the use of this class of medication is defined as a 50% reduction in pain, and a moderate response is a 30% reduction in pain. Continued use of antiepileptic drugs depend on improved outcomes versus tolerability of adverse effects. There is a lack of efficacy of this medication. For the diagnosis of fibromyalgia, it is suggested that gabapentin is found to be safe and efficacious to treat pain and other symptoms. Furthermore, there was a lack of directions as far as frequency and duration, and there was a lack of evidence to support the number of 60 pills and the medical necessity of this medication without further evaluation and assessment. Therefore, the request for Lyrica 150 mg #60 is not medically necessary.