

<b>Case Number:</b>	CM14-0096082		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/13/1996
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Family Medicine and is licensed to practice in New Jersey and New York. 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 52 year-old female who was injured on 4/13/96 by unknown mechanism. She had sensitive fibromyalgia tender points and myofascial tenderness of lower back. She complained of burning in her feet which was helped by TED stockings. She was diagnosed with cervical disc degeneration, cervicgia, and chronic pain syndrome. The current request is for Baclofen, Norco, and Savella. This limited chart had only one progress note with illegible handwriting. Most information was taken from the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg #90 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The request for Baclofen is not medically necessary. Baclofen is recommended to treat spasticity and muscle spasms related to multiple sclerosis. It also treats spinal cord injuries and benefits those with lacinating, paroxysmal neuropathic pain. The patient has not been diagnosed with any of these medical conditions. Muscle relaxants show no benefit

beyond NSAIDS in pain and overall improvement. Efficacy diminishes over time and may lead to dependence. It is unclear how long the patient was taking Baclofen as this chart consists of only one progress note. Therefore, the request is considered not medically necessary.

**Savella #60 2 refills:** Overturned

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

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

**Decision rationale:** The request for Savella was considered medically necessary by the utilization review and is still considered medically necessary. Even though the chart had limited information, the patient was clearly diagnosed with fibromyalgia and had several tender points. It is reasonable to continue Savella as it is FDA approved for the treatment of fibromyalgia. The request is medically necessary.

**Norco 10/325 #180 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids Page(s): 78-79.

**Decision rationale:** The request is considered not medically necessary. The limited chart does not provide any documentation of improvement in pain and function with the use of Norco. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The patient had continued pain and it was unclear what kind of relief Norco provided for the chronic neck pain. It is not clear by the provided chart if an adequate trial of non-opioid medications was attempted. It was unclear at which dose the patient was started and if the lowest possible dose was prescribed to improve pain and function. Because there was no documented improvement in pain or functioning with the use of Norco, the long-term efficacy for chronic neck pain is limited and there is high abuse potential, the risks of Norco outweigh the benefits. Therefore, the request is considered not medically necessary.