

<b>Case Number:</b>	CM14-0178744		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	01/28/1998
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal 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:

The injured worker (IW) is a 50-year-old woman with a date of injury of January 28, 1998. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are cervical pain; chronic pain syndrome; postlaminectomy syndrome; gastritis; depression; and history of fibromyalgia. Pursuant to the most recent progress note in the medical record dated July 9, 2014, the IW complains of ongoing diffuse pain and aches in the hands, wrists, elbows, shoulders, buttocks, lower back, and lower extremities. She complains of poor sleep. She complains of forgetfulness, as well as sensation of weakness and fatigue in the whole body. Objectively, the IW is alert and oriented, but tearful at times. There is tenderness to palpation over the paravertebral musculature, as well as trapezius in the cervical, thoracic, and lumbar spine. Grip strength is 5/5. The IW ambulates with slow, guarded gait, and ambulates with a cane. Range of motion is guarded. Urine drug screen November 2013 was consistent. CURES report from January 22, 2014 was consistent. Current medications include Neurontin 600mg, Flexeril 10mg, Cosamin DS, Prilosec 20mg, Colace 100mg, Hydrocodone/APAP 7.5/325mg, and Savella 50mg. Documentation indicated the IW has been taking Hydrocodone/APA since the earliest note in the medical record dated March 19, 2014. There was a Chronic Opioid Physician's Progress Report in the medical record dated September 24, 2014 addressing functional improvement associated with opiates. However, the report was handwritten and illegible. There was no legible documentation of objective functional improvement associated with the long-term use of Hydrocodone/APAP. The current request is for Hydrocodone/APAP 7.5/325mg #120, and Savella 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

**Decision rationale:** Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 7.5/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker is 50 years old the date of injury January 28, 1998. The injured worker's working diagnoses are chronic pain syndrome; post laminectomy syndrome; gastritis; cervical pain; and depression. A urine drug screen from November 2013 was reported to be consistent with medications being taken. There is a detailed pain assessment (largely illegible) dated September 24, 2014. The injured worker has ongoing diffuse pain in what appears to be the upper and lower back, diffuse (illegible). The documentation according to a March 19, 2014 progress note shows a refill for Hydrocodone/APAP on that date. The documentation is unclear as to the length of time the injured worker has been taking Hydrocodone/APAP with the date of injury January 28, 1998. Documentation does not contain evidence of objective functional improvement. The September 2014 progress note reflects pain level of nine out of 10 without medications. Additionally, the request does not contain the frequency for taking Hydrocodone/APAP. Consequently, absent the appropriate clinical documentation with objective functional improvement, and a clinical rationale to support the ongoing use of Hydrocodone/APAP, the request for Hydrocodone/APAP 7.5/325 mg #120 is not medically necessary.

**Savella 50mg #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 Milnacipran (Savella)

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

**Decision rationale:** Pursuant to the Official Disability Guidelines, Savella 50 mg #60 is not medically necessary. Savella is understudy as a treatment for fibromyalgia syndrome. See the Official Disability Guidelines, Savella for additional details. In this case, the injured worker is 50

years old the date of injury January 28, 1998. The injured worker's working diagnoses are chronic pain syndrome; post laminectomy syndrome; gastritis; cervical pain; depression: and fibromyalgia. There is no clear clinical indication for Savella documented in the medical record. Savella is understudy as a treatment for fibromyalgia syndrome. There is no documentation a causal relationship established between the industrial injury and fibromyalgia. Consequently, after the appropriate clinical indication, Savella 50 mg #60 is not medically necessary.