

Case Number:	CM15-0103648		
Date Assigned:	06/08/2015	Date of Injury:	08/06/2001
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Emergency Medicine

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 55-year-old, female who sustained a work related injury on 8/6/01. The diagnoses have included chronic lumbosacral spinal pain, status post lumbar surgery, multiple level disc pathology, lumbar facet hypertrophy, and cervical disc disease. Treatments have included cervical facet injections, lumbar epidural steroid injections, sacroiliac joint injection, radiofrequency ablation in cervical spine, oral medications, Lidoderm patches, topical pain cream and acupuncture. In the PR-2 dated 5/4/15, the injured worker complains of low back pain and back stiffness. She describes the pain as aching, dull, stiff and chronic. She has pain with range of motion of lower back. She rates her pain level a 5/10. She has lumbar spine pain with radiating pain to left hip and down left leg with weakness. She has tenderness to palpation of to lateral left lumbar spine. She notes substantial benefit with medications. She has about 60% improvement of pain on lowest effective dose. She states she is getting about 80% pain relief from medications through the day. The treatment plan includes requests for refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg, quantity: 300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Food and Drug Administration).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs (serotonin nor-adrenaline reuptake inhibitors) Antidepressants for chronic pain Page(s): 105, 13-16.

Decision rationale: Savella is a serotonin-norepinephrine reuptake inhibitor. CA MTUS chronic pain guidelines recommend this category of medications as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Documentation does not support the IW has previously trialed tricyclic antidepressants. The IW has been on this medication for a least 12 months. The documentation does not report specific effects of this medication. The request does not include dosing or frequency. Without this information, the request for Savella is not medically necessary.

Prilosec 20mg, quantity: 150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors. Past medical history does not include any gastrointestinal disorders, there is no history of poor tolerance to NSAIDs documented and there are not abdominal examinations noted in the chart. The request does not include dosing or frequency. Without this documentation, the request for Prilosec is not medically necessary based on the MTUS.

Nucynta 100mg, quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 79, 80, 81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: Nucynta is an opiate analgesic. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on this medication for at least 12 months. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Norco 10/325mg, quantity: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 79, 80, 81, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid medications Page(s): 77-81.

Decision rationale: Norco is an opiate analgesic. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. A recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The IW has been on this medication for at least 12 months. In addition, the request does not include dosing frequency or duration. The request for opiate analgesia is not medically necessary.

Lidoderm patch 5%, quantity: 300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

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

Decision rationale: CA MTUS recommends lidoderm patches for localized peripheral pain after there has been evidence of a trial of first line therapy such as a tricyclic, serotonin-norepinephrine reuptake inhibitor, or gabapentin. This medication is "not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. " In submitted documentation, the IW has been prescribed gabapentin, presumably for pain. There is not documentation to support the failure of this first line agent or intolerance of this medication. As such, the request for lidoderm patches is not medically necessary.

Diclofenac 1. 5%/Baclofen 0. 2%/Lidocaine 1. 5%/Prilocain 1. 5%, quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. " Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that in not recommended is not recommended. " One of the included compounds in the requested medication is baclofen. MTUS guidelines states that baclofen is not recommended as there is no peer-reviewed literature

to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.