

Case Number:	CM15-0107244		
Date Assigned:	06/11/2015	Date of Injury:	03/20/2003
Decision Date:	07/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/03/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 52-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of March 30, 2003. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for Prilosec and Savella. The claims administrator referenced an April 27, 2015 RFA form and associated progress note of April 16, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated April 27, 2015, Lyrica, Zoloft, Ambien, Prilosec, and Savella were endorsed. The applicant was given various diagnoses including fibromyalgia, depression, insomnia, and dyspepsia. The April 27, 2015 RFA form did not appear to be affiliated with progress note on the same date. In a Medical-legal Evaluation dated May 25, 2011, it was acknowledged that the applicant had undergone earlier failed cervical spine surgery. The applicant developed derivative symptoms of depression, it was reported. Headaches, neck pain, back pain, shoulder pain, dizziness, sleep disturbance, and mood swings were reported. On December 18, 2014, the applicant was placed off of work, it was acknowledged, with the treating provider writing: "No work." The applicant was given prescriptions of Lunesta. Acupuncture and Lyrica were endorsed. The applicant's BMI was 32. 8/10 pain complaints were noted. In another section of the note, it was stated that the applicant was using Savella, Soma, tizanidine, Zoloft, Lyrica, Lunesta, and Ativan. There was no seeming mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, it did not appear that the applicant was experiencing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, as of December 18, 2014. No clinical progress notes seemingly accompanied the April 27, 2015 progress note so as to establish the presence of symptoms of dyspepsia which would have compelled provision of Prilosec (omeprazole). The historical notes on file do not establish the presence of active or formal symptoms of dyspepsia. Therefore, the request was not medically necessary.

Savella 50mg quantity: 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 (ODG), Pain (updated 04/30/15) Online Version; Milnacipran (Savella).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration Savella TM is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the management of fibromyalgia (1).

Decision rationale: Similarly, the request for Savella was likewise not medically necessary, medically appropriate, or indicated here. While the Food and Drug Administration (FDA) does acknowledge that Savella is indicated in the treatment of fibromyalgia, one of the diagnoses seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the applicant was using Savella as of a historical progress note of December 18, 2014. 8/10 pain complaints were reported, despite ongoing usage of Savella. The applicant had failed to return to work, it was reported on that date. The applicant was having difficulty performing activities of daily living as basic as negotiating stairs, it was reported on December 18, 2014. Ongoing usage of Savella failed to curtail the applicant's dependence on other agents such as Soma, Valium, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Savella. Therefore, the request was not medically necessary.