

Case Number:	CM15-0107824		
Date Assigned:	06/12/2015	Date of Injury:	01/05/1994
Decision Date:	07/23/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 63 year old male who sustained an industrial injury on 01/05/1994. He reported being pinned between a propane tank and a truck in 1994. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar radiculopathy, spinal lumbar degenerative disc disease, and right foot drop. Treatment to date has included two back surgeries (04/1994, and 04/1996). Currently, the injured worker complains of a lower backache that he rates as an 8 on a scale of 1010 without medications and a 6 on a scale of 1-10 with medications. His quality of sleep is poor. He states his medications are working well for him and his activity level has been unchanged. Current medications are Savella, Hydrocodone-acetaminophen 7.5-325 Mg Tab., Aspirin 81 mg EC, clonazepam, Desipramine, Niaspan ER, and Simvastatin. He shows no signs of intoxication or withdrawal. The worker has an antalgic gait but doesn't use assistive devices. On examination of the lumbar spine, there is loss of normal lordosis with straightening of the lumbar spine and surgical scars. Range of motion is restricted with 70 degrees flexion, 15 degrees lateral bending, and 15 degrees right lateral bending, and normal lateral rotation to both right and left. On palpation there is paravertebral spasm with a tight muscle band bilaterally. Lumbar facet loading is positive bilaterally, straight leg raising is negative. All lower extremity reflexes are equal and symmetric. Tenderness is noted over the sacroiliac spine. On sensory examination, light touch sensation is decreased over lateral foot, medial foot on the right side. Sensation to pin prick is decreased over the lateral foot and medial foot on the right side. The treatment plan includes random drug screens, and refills of medication x 4 weeks with an additional 1 week postdated refill. A request for authorization is made for 1. Hydrocodone/Acetaminophen 7.5/325mg #120 with 1 refill, and Savella 50mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 7.5/325mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of objective functional improvement and percent reduction in pain or reduced NRS). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.

Savella 50mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Milnacipran (Savella).

Decision rationale: Regarding the request for Savella 50mg, Chronic Pain Treatment Guidelines state that antidepressants are first line options for chronic pain. Guidelines go on to state tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. ODG states that Savella is under study as a treatment for fibromyalgia syndrome. An FDA Phase III study demonstrated "significant therapeutic effects" of milnacipran for treatment of fibromyalgia syndrome. Milnacipran has been approved for the treatment of depression outside of the U.S. and is a dual serotonin- and norepinephrine-reuptake inhibitor (SNRI). The guidelines go on to state that, as there is little to no evidence that the cause of fibromyalgia is related to industrial injuries, the use of Savella should be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan. Within the documentation available for review, there is no indication that the patient has the diagnosis of fibromyalgia or has failed the tricyclic antidepressants. As such, the currently requested Savella 50mg is not medically necessary.