

Case Number:	CM15-0205943		
Date Assigned:	10/22/2015	Date of Injury:	05/29/2011
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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, Tennessee

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 56 year old female, who sustained an industrial injury on 5-29-11. The injured worker was being treated for lumbago, sleep disturbance, insomnia, anxiety and shoulder pain. On 9-30-15, the injured worker complains of back pain, low back pain and lumbar complaints rated 6 out of 10; she also complains of back stiffness, radicular pain I right and left leg and weakness in right and left leg; and left shoulder pain rated 6 out of 10 described as aching, burning, deep, sharp, shooting, throbbing, worsening and sore with stiffness. She is temporarily totally disabled. Physical exam performed on 9-30-15 revealed decreased range of motion of left shoulder, tenderness at acromioclavicular joint, right shoulder decreased range of motion, decreased supraspinatus strength of rotator cuff bilaterally; decreased sensation to light touch left sacroiliac, pain to palpation over the L4-5 and L5-S1 facet capsules bilaterally, pain with rotational extension and positive left side straight leg raise. Urine drug screen performed on 8-11-15 was consistent with medications prescribed. Treatment to date has included chiropractic treatment, oral medications including Fetzima 40mg (since at least 4-13-15), Flexeril 5mg (since at least 4-13-15) and Norco 5-325mg (since at least 4-13-15) and activity modifications. The treatment plan included request for Fetzima 40mg #30 with 3 refills, Flexeril 5mg #60 with 3 refills and Norco 5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, 1 orally 6 times per day, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient has been receiving Norco since at least April 2015 and has not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract. Criteria for long-term opioid use have not been met. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Flexeril 5mg, 1 tablet orally 2 times daily, (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Flexeril is the muscle relaxant, cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some

medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using Flexeril since at least April 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized. Therefore, the requested treatment is not medically necessary.

Fetzima 80mg, 1 orally 1 time a day, (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medical Letter on Drugs and Therapeutics, Issue 1432, December 23, 2013: Levomilnacipran (Fetzima): A New SNRI for Depression.

Decision rationale: Fetzima is levomilnacipran, a selective serotonin and norepinephrine reuptake inhibitors (SNRI). It is FDA approved for the treatment of major depressive disorder. Fetzima has not been studied in fibromyalgia. Adverse effects of levomilnacipran have included nausea, constipation, hyperhidrosis, increased heart rate, palpitations, vomiting, testicular pain, urinary hesitation, and erectile dysfunction; urinary hesitation and erectile dysfunction appeared to be dose-dependent. Like all SNRIs, levomilnacipran can cause an increase in blood pressure, which should be well controlled before starting treatment. There is no evidence that its selectivity for norepinephrine offers any clinical advantage over other SNRIs. In the absence of long-term or comparative data, SSRIs and SNRIs with better established records of efficacy and safety are preferred. In this case there is no documentation that the patient has been diagnosed with major depressive disorder. There is nonmedical indication for use Fetzima. The request should not be authorized. Therefore, the requested treatment is not medically necessary.