MAXIMUS Federal Services

Case Number:	CM15-0025085		
Date Assigned:	02/26/2015	Date of Injury:	09/18/1991
Decision Date:	04/15/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

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 59 year old female, who sustained an industrial injury on September 18, 1991. She has reported lifting a 70 pound boy as an instructional assistant, suffering back pain. The diagnoses have included depression, fibromyalgia, lumbar radiculopathy, cervical strain, medium neuropathy, and cervical radiculopathy. Treatment to date has included physical therapy, home exercise program (HEP), TENS, attendance at a multidisciplinary pain management program, and medications. Currently, the injured worker complains of neck pain, lower back pain with left leg pain, bilateral arm numbness and pain, and bilateral shoulder pain. The Treating Physician's report dated January 7, 2015, noted the injured worker's lumbar and leg pain diminished with improved activities of daily living (ADLs). A Controlled Substance Utilization Review and Evaluation System (CURES) report dated December 3, 2014, was noted to be consistent for medications and provider. A MRI was noted to show left shoulder bursitis. Physical examination was noted to show tenderness over the C7 process on movement, and tenderness over the iliolumbar posterior cervical area, with tender taut bands over the right and left levator scapulae and superior trapezius. On January 20, 2015, Utilization Review non-certified Voltaren gel 100 grams QTY 3, Tylenol #3 QTY 120, Ambien 12.5mg QTY 30, Savella two 50mg QTY 120, Delpin 7.5mg (L-Methylfolate) QTY 90, and lumbar epidural steroid injection (ESI), unspecified levels, noting the requests were not medically necessary and appropriate. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 10, 2015, the injured worker submitted an application for IMR for review of Voltaren gel 100 grams QTY 3, Tylenol #3 QTY 120, Ambien

12.5 mg QTY 30, Savella two 50 mg QTY 120, Delpin 7.5 mg (L-Methylfolate) QTY 90, and lumbar epidural steroid injection (ESI), unspecified levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 100 Gram Qty 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antinflammatory agents (NSAIDs) Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Voltaren Gel (diclofenac).

Decision rationale: The MTUS lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder, and according to the ODG, it is not recommended as first-line treatment. Of critical importance is that MTUS states that topical NSAIDs are not recommended for neuropathic pain. According to the medical records available, the injured worker has been treated long-term with topical Voltaren, with no evidence of objective functional improvement. Coupled with the lack of evidence for use in the surface regions of this patient's complaints and that it is not indicated for neuropathic pain, the request for Voltaren Gel 100 Grams #3 cannot be considered medically necessary.

Tylenol #3 Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Tylenol #3, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's (IW's) records have included documentation of the pain with and without medication, no significant adverse effects, pain contract on file, urine drug testing with CURES reporting, subjective functional improvement, and other first-line pain medications. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which could include monthly visits. Of particular concern for this IW's pain is that it has not improved, and the reports lack evidence of objective functional improvement. Based on the available information, Tylenol #3 #120 is not medically necessary and appropriate.

Ambien 12.5 MG Qty 30: Upheld

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

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

Decision rationale: The MTUS does not address Ambien, but according to the ODG cited, Ambien is a short-acting hypnotic that can be used to treat insomnia for a short-term (7-10 days). It is generally never recommended for long-term use, can be habit-forming, and may increase pain and depression over time. Although the injured worker has been long-term on Ambien, there is no documentation concerning current symptoms of sleep dysfunction or efficacy. Based on the medical records available and concern of prolonged use, Ambien 12.5 mg #30 is not medically necessary.

Savella Two 50 MG Qty 120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Ixel) Page(s): 62-63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Milnacipran (Savella).

Decision rationale: Both the MTUS and ODG cited state that Savella is not recommended for chronic pain; however, an FDA Phase III study demonstrated "significant therapeutic effects" when treating fibromyalgia syndrome and has now approved Savella for fibromyalgia. According to the records available, the injured worker has been on Savella for treatment of her fibromyalgia for approximately five years, and states she has had functional improvement. Based on the available records and guidelines cited, Savella two 50 mg #120 is medically necessary.

Deplin 7.5 MG (L-Methylfolate) Qty 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Deplin (L-methylfolate).

Decision rationale: The ODG cited states that Deplin is a prescription medical food that contains L-methylfolate (vitamin B9) and is not recommended for chronic pain. Medical foods have not been shown to produce any improvement in functional outcomes or meaningful benefits

through quality studies. Therefore, the request for Delpin 7.5 mg (L-methylfolate) #90 to treat the injured worker's chronic pain is not medically necessary and appropriate.

Lumbar Epidural Steroid Injection, Unspecified Levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The MTUS cited recommends epidural steroid injections (ESIs) as an option for the treatment of radicular pain, and in general, no more than two total injections. The injured worker (IW) must have radiculopathy documented and be unresponsive to conservative management. No more than two nerve root levels should be injected with a transforaminal block or one interlaminal level injection per session. The IW's records show that she underwent an L4-L5 interlaminar ESI with fluoroscopy on 9/5/2014, which reduced her low back and leg pain, and overall improved her activities of daily living. However, documentation is limited concerning objective functional improvement and the reduction of pain medication use. With improved documentation as per above, and specification of the ESI level, the request for a lumbar ESI would be reasonable. Thus, the request for lumbar epidural steroid injection (ESI) at unspecified levels is not medically necessary and appropriate.