

Case Number:	CM15-0042029		
Date Assigned:	04/10/2015	Date of Injury:	06/04/2009
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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
 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 60 year old female who sustained a work related injury June 4, 2009. While taking care of dogs, she fell backwards on a concrete wet floor, hitting her head, back and neck, and shoulders. She was diagnosed with a cervical, thoracic and lumbar strain, and scalp and face contusion. She was treated with physical therapy, referral to a neurologist for the head injury, and working with restrictions. According to a treating physician's office visit note, dated January 21, 2015, the injured worker presented with continuing neck pain with radiation into the cervicobrachial area and up into the head causing headaches. She also complains of low back pain with radiation into both lower extremities. The pain increases with walking and prolonged sitting. Diagnoses included chronic pain not elsewhere classified; cervical and lumbar disc displacement without myelopathy; thoracic and lumbar sprain/strain. Treatment plan included medications and changed Hydrocodone/APAP, back to Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg tab, 1 by mouth 3 times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Cyclobenzaprine 10mg tab, 1 by mouth 3 times a day #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continuing neck pain with radiation into the cervicobrachial area and up into the head causing headaches. She also complains of low back pain with radiation into both lower extremities. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 10mg tab, 1 by mouth 3 times a day #90 is not medically necessary.

Topamax 25mg take 3-4 daily #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy drugs Page(s): 16-18, 21.

Decision rationale: The requested Topamax 25mg take 3-4 daily #120, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage," and Topiramate is "considered for use of neuropathic pain when other anticonvulsants fail," and "Outcome: A 'good' response to the use of AEDs has been defined as a 50% reduction in pain and a 'moderate' response as a 30% reduction." The injured worker has continuing neck pain with radiation into the cervicobrachial area and up into the head causing headaches. She also complains of low back pain with radiation into both lower extremities. The treating physician has not documented failed first-line therapy, duration of treatment nor derived symptomatic or functional improvement from use to date, nor the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Topamax 25mg take 3-4 daily #120 is not medically necessary.

Savella 50mg table every 12 hours #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

Decision rationale: The requested Savella 50mg table every 12 hours #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-16, note that Cymbalta is "FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy." The injured worker has continuing

neck pain with radiation into the cervicobrachial area and up into the head causing headaches. She also complains of low back pain with radiation into both lower extremities. The treating physician has not documented the medical necessity for the use of this anti-depressant as an outlier to referenced guideline negative recommendations, nor failed trials of recommended anti-depressant medication, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Savella 50mg table every 12 hours #60 is not medically necessary.