

Case Number:	CM15-0047598		
Date Assigned:	03/19/2015	Date of Injury:	11/11/2012
Decision Date:	05/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/12/2015

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
 Certification(s)/Specialty: Anesthesiology

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 53 year old female, who sustained an industrial injury on 11/11/2012. She reported neck, back, and bilateral hand/wrist injuries. The injured worker is currently diagnosed as having low back pain, possible lumbar radiculopathy, chronic neck pain, clinically consistent cervical radiculopathy, bilateral wrist and hand pain, and right wrist triangular fibrocartilage complex tears. Treatment to date has included three phase bone scan, cervical spine MRI, occupational therapy, carpal tunnel release, and medications. In a progress note dated 01/15/2015, the injured worker presented with complaints of persistent neck, bilateral shoulder, and scapular region pain. The treating physician reported requesting authorization for Duragesic patch, Norco, Topamax, Savella, and Fluoxetine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patch 25mcg #15 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: Fentanyl is an opioid analgesic with a potency of eighty times that of Morphine. According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. According to ODG and MTUS, Fentanyl is a long-acting narcotic analgesic used to manage both acute and chronic pain. Fentanyl transdermal (DURAGESIC) patches are indicated for the management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Duragesic patches should only be used in patients who are currently on opioid therapy for which tolerance has developed. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Norco 10/325mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Topamax 100mg #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16, 21.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Anti-Epilepsy Drugs (AEDs).

Decision rationale: According to the CA MTUS (2009) Anti-Epilepsy Drugs (AEDs) are considered a first-line treatment for neuropathic pain. Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. The records documented that the patient has neuropathic pain related to her chronic neck and low back conditions. Per the documentation Topamax is part of the patient's medical regimen and has proved to be beneficial. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Savella 50mg #90 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran (Savella) Page(s): 62-63. Decision based on Non-MTUS Citation FDA <http://www.drugs.com/pro/savella.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) SNRIs.

Decision rationale: Milnacipran (Savella) is a serotonin-norepinephrine reuptake inhibitor (SNRI) used in the clinical treatment of fibromyalgia. According to the ODG, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In this case, the medication is being used in combination with Topamax and Fluoxetine for the treatment of neuropathic pain. The documentation indicates that this medication has been proven to be beneficial. Medical necessity for the requested medication is established. The requested medication is medically necessary.

Fluoxetine 10mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Selective Serotonin Re-uptake Inhibitors (SSRIs).

Decision rationale: According to the ODG, selective Serotonin Reuptake Inhibitors (SSRIs), such as Fluoxetine, are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. In this

case, the patient is maintained on Savella, an SNRI, and Topamax. There is no indication for use of an SSRI in combination with Savella and Topamax for the treatment of neuropathic pain. Medical necessity for the requested item has not been established. The requested medication is not medically necessary.