

Case Number:	CM14-0127665		
Date Assigned:	09/05/2014	Date of Injury:	04/15/2003
Decision Date:	10/16/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 48 year-old female was reportedly injured on 04/15/2003. The most recent progress note, dated 07/08/2014, indicates that there are ongoing complaints of chronic bilateral hand pain. The physical examination demonstrated right hand: range of motion is restricted; patient is now able to nearly extensor index and ring finger. Patient can make a partial fist. Painful range of motion with extension at the MCP joint of the ring finger limited to -10 and Dupuytren's contracture is present. Tender proximal to the band and only mildly so distally. Band is less prominent distally. Allodynia is noted over the entire hand. Left hand: range of motion is restricted with limited range of motion, ring finger with extension contracture. Patient cannot make a fist on either side. Painful range of motion with allodynia noted over the entire hand. Temperature is increased over the hand. No recent diagnostic studies are available. Previous treatment includes medications, and conservative treatment. A request had been made for Norco, Nucynta ER, Valium, Savella, Zoloft, and was not certified in the pre-authorization process on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 25mg tablet , unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13 of 127.

Decision rationale: Savella is a selective serotonin and norepinephrine reuptake inhibitor. It is recommended as a first-line option for diabetic neuropathy. Though increasing off label use of this medication exists for various pain syndromes, the current clinical indication is for anxiety, depression, diabetic neuropathy, and fibromyalgia. Current guidelines recommend a TCA as first-line option for neuropathic pain. After review the medical records provided there is insufficient documentation to justify the use of this medication without documented failure of first-line recommended treatment options. Therefore, this request is considered not medically necessary.

Zoloft 50mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16 & 107.

Decision rationale: Selective serotonin reuptake inhibitors (SSRIs) are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline. They have not shown to be effective for low back pain; however, it has been suggested that they have a role in addressing psychological symptoms associated with chronic pain. MTUS guidelines support the use of SSRIs, and Zoloft, for neuropathic pain after failure to a first-line agent (Tricyclic Antidepressants). Review of the available medical records, fails to document a trial and/or failure to first-line agents. As such, this request is not considered medically necessary.

Norco 5-25mg take 1-2 up to twice a day as needed for severe pains: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (Hydrocodone/Acetaminophen) is a short acting opiate indicated for the management in controlling moderate to severe pain. This medication is often used for intermittent or breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose that establishes improvement (decrease) and the pain complaints and increased functionality, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic pain after a work-related injury in; however, there is no objective clinical documentation of

improvement in their pain or function with the current regimen. As such, this request for Norco is not considered medically necessary.

Nucynta ER 100mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic) - Compression Garments

Decision rationale: MTUS/ACOEM practice guidelines do not address this request. ODG supports Nucynta as 2nd line therapy for patients with moderate to severe pain who have developed intolerable adverse effects with first-line opiates. Review of the available medical records, fails to document any intolerable adverse reactions or effects to warrant the use of this medication. Given the lack of documentation, Nucynta does not meet guideline criteria and therefore is not considered medically necessary.

Valium 10mg, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Valium (Diazepam) is a benzodiazepine that is not recommended by the guidelines. It is commonly used for the treatment of anxiety disorders and panic disorders, and as a 2nd line agent for the treatment of acute, severe, muscle spasms. This medication, and all benzodiazepines, has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. Tapering of this drug may take weeks to months. Most guidelines limit the use of this medication to 4 weeks. The record reflects that this medication is being prescribed for long term use. Additionally, there is no recent documentation of improvement in functionality with the use of this medication. Therefore, this medication is deemed not medically necessary.