

Case Number:	CM14-0162453		
Date Assigned:	10/07/2014	Date of Injury:	07/13/2004
Decision Date:	10/31/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	10/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 57-year-old female with a 7/13/04 date of injury. At the time (8/15/14) of request for authorization for Urine toxicology, Savella 50mg #60, and Flurbiprofen topical ointment, there is documentation of subjective (total body pain, chronic fatigue, right foot pain, neck pain, bilateral shoulder and arm pain, bilateral wrist and hand pain, and problems sleeping) and objective (tenderness to palpitation over the cervical spine, bilateral wrist tenderness, right hand tremor, and right foot tenderness at the mid foot) findings, current diagnoses (carpal tunnel syndrome, myalgia, and myositis), and treatment to date (medications (including ongoing treatment with Flurbiprofen ointment and Tramadol since at least 4/7/14)). 9/19/14 medical report identifies documentation of a diagnosis of fibromyalgia syndrome and that Savella has helped improve the patient's widespread pain and stiffness. Regarding urine toxicology, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Regarding Flurbiprofen, there is no documentation of short-term use (4-12 weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flurbiprofen use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Steps to Avoid Misuse/Addiction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, myalgia, and myositis. In addition, there is documentation of ongoing treatment with opioids. However, given documentation of records reflecting prescriptions for Tramadol since at least 3/10/14, there is no documentation of opioid abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for Urine toxicology is not medically necessary.

Savella 50mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Milnacipran Page(s): 62-63.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies Milnacipran is not recommended as it is not FDA approved and not available in the US at this time and that it is under study as a treatment for fibromyalgia syndrome. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, myalgia, and myositis. In addition, there is documentation of a diagnosis of fibromyalgia syndrome. Therefore, based on guidelines and a review of the evidence, the request for Savella 50mg #60 is medically necessary.

Flurbiprofen topical ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any

treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of carpal tunnel syndrome, myalgia, and myositis. In addition, there is documentation of ongoing treatment with Flurbiprofen ointment. However, given documentation of a Flurbiprofen prescription since at least 4/7/14, there is no documentation of short-term use (4-12 weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flurbiprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen topical ointment is not medically necessary.