

Case Number:	CM14-0176273		
Date Assigned:	10/29/2014	Date of Injury:	04/03/2000
Decision Date:	12/16/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 American Board of Internal Medicine 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:

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The injured worker (IW) is a 53-year-old woman with a date of injury of April 3, 2000. The mechanism of injury was not documented in the medical record. Pursuant to a progress report dated August 28, 2014, the IW complains of neck pain, right shoulder, and right and left upper extremity pain. Physical examination revealed paravertebral tenderness of the cervical spine bilaterally, and tenderness over the occipital nerve. Spurling's test was positive. The IW was diagnosed with cervical radiculopathy (primary), fibromyalgia, other chronic pain, reflex sympathetic dystrophy of the upper limb, and cervical pain. Current medications include Kadian 20mg, Roxicodone 10mg, Neurontin 800mg, Amrix 30mg, Savella 50mg, MiraLax, and Lidoderm 5% patch. Documentation indicated that the IW was taking the requested Lidoderm patch and Savella since at least August 28, 2013. Treatment plan includes medication refills, and request for epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg 1 tab 2x/day: Upheld

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

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

Decision rationale: Pursuant to the Official Disability Guidelines, Savella 50 mg one tablet two times a day is not medically necessary. Savella is under treatment study for fibromyalgia. It has been approved for treatment of depression outside United States syndrome. As there is little to no evidence that the cause of fibromyalgia is related to industrial injuries. The use of Savella should be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan. In this case, the treating physician documents the presence of fibromyalgia in his diagnosis and treatment plan. However, the clinical signs and symptoms are not compatible with fibromyalgia. Fibromyalgia is not equivalent to chronic neuromuscular sprain. Savella is indicated in well-established cases of fibromyalgia, however there is little to no evidence that the cause of fibromyalgia is related to industrial injuries. Consequently, Savella 50 mg one tablet two times a day is not medically necessary.

Lidoderm patch 5% 2 patch: 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 Topical analgesics Page(s): 111-113.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm patch 5% two patches are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. We are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. A trial of patch treatment is recommended for short-term (no more than four weeks). In this case, the injured worker has been using the Lidoderm patch since August 28, 2013. There is no documentation in the medical record as to the efficacy for objective functional improvement with its use. The criteria for use states a four week short-term trial is appropriate. It is unclear from the documentation whether there was, in fact, a short-term trial for the Lidoderm patch. Consequently, based on the lack of appropriate documentation and functional benefit from Lidoderm patch use, the Lidoderm patch is not medically necessary. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, Lidoderm patch 5% #2 were not medically necessary.