

Case Number:	CM15-0017161		
Date Assigned:	03/11/2015	Date of Injury:	01/06/1998
Decision Date:	06/10/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/26/2015

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: Internal 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 66-year-old female who sustained an industrial injury on 01/06/1998. Diagnoses include degeneration of lumbar/lumbosacral intervertebral disc, degeneration of the cervical intervertebral disc, unspecified myalgia and myositis, thoracic, lumbosacral neuritis, radiculitis, cervicgia, and intervertebral lumbar disc disorder-myelopathy. Treatment to date has included medications, pool therapy, physical therapy, pain management and home exercise program. A physician progress note dated 12/19/2014 documents the injured worker has complains of neck pain, with arm pain to the left, headache right greater than the left, back spasm, bilateral hip pain with burning feet pain, muscle spasm and lumbar radiculopathy on the left. She has generalized body pain, which continues but is stable with her current medications. Her quality of sleep is poor. Her worst pain is in the hip/back and left leg. Average pain is 8 out of 10 with medications and without medications. She uses a cane for ambulation. Treatment requested is for Abstral 300ugm #32, Fentanyl patch 125ugm #15, Lidoderm patch 5%, Metanx #180 bid, Percocet 5/325m # 90, and Savella 12mg #60. On 12/30/2014 Utilization Review non-certified the request for Abstral 300ugm #32, Fentanyl patch 125ugm #15, Lidoderm patch 5%, Metanx #180 bid, Percocet 5/325m # 90, and Savella 12mg #60 and cited was California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines Medical Treatment Guidelines, and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation reveals that the injured worker complains of generalized body and multiple joint pains, including the neck, lower back and bilateral hips. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's level of function, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Percocet 5/325mg #90 is not medically necessary.

Fentanyl patch 125ugm #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: Fentanyl transdermal is indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Patches are worn every 72 hours. Documentation reveals that the injured worker complains of generalized body and multiple joint pains, including the neck pain, lower back and bilateral hips. Documentation reveals that the injured worker complains of generalized body and multiple joint pains, including the neck, lower back and bilateral hips. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's level of function, to justify continued clinical use of opioids. In the absence of significant response to treatment and lack of meeting MTUS guidelines, the request for Fentanyl patch 125ugm #15 is not medically necessary.

Abstral 300ugm #32: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Abstral (fentanyl transmucosal).

Decision rationale: Abstral sublingual tablet is a solid formulation of Fentanyl, an opioid analgesic indicated for management of persistent chronic pain, which is moderate to severe requiring continuous, around-the-clock opioid therapy. Documentation reveals that the injured worker complains of generalized body and multiple joint pains, including the neck, lower back and bilateral hips. Physician reports fail to demonstrate a recent urine drug screen or supporting evidence of significant improvement in the injured worker's level of function, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Abstral 300ugm #32 is not medically necessary.

Metanx #180, BID: 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), Vitamin B.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <http://www.diabeteshealth.com/type-2>.

Decision rationale: Metanx is a prescription medical food containing Folate, Vitamin B6 and Vitamin B12 used in the dietary management of diabetic neuropathy. The injured worker complains of bilateral lower extremity pain due to Lumbar radiculopathy. Documentation fails to show evidence supporting the clinical use of a medical food for this condition or significant improvement in level of function. The request Metanx #180, BID is not medically necessary.

Savella 12mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Procedure Summary, Milnacipran (Savella).

Decision rationale: Milnacipran is a serotonin and norepinephrine reuptake inhibitor (SNRI), designed to be more effective than selective serotonin reuptake inhibitors (SSRIs) and better tolerated than tricyclic antidepressants (TCAs). It is FDA approved for the management of fibromyalgia. ODG does not recommend Savella for chronic pain. As there is little to no

evidence that the cause of fibromyalgia is related to industrial injuries, it is recommended that the use of Savella be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan. The injured worker complains of chronic generalized body pain with no significant improvement level of function to establish the medical necessity for ongoing use of Savella. The request for ongoing use of Savella 12mg #60 is not medically necessary per guidelines.

Lidoderm patch 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy, including tri-cyclic or SNRI anti-depressants or an anti-epileptic drug. Per guidelines, further research is needed to recommend Lidoderm for the treatment of chronic neuropathic pain disorders other than post-herpetic neuralgia. Documentation reveals that the injured worker complains of generalized body and multiple joint pains, including the neck, lower back and bilateral hips. Physician reports fail to demonstrate supporting evidence of significant improvement in the injured worker's level of function. The request Lidoderm patch 5% is not medically necessary by lack of meeting MTUS criteria.