

Case Number:	CM15-0033780		
Date Assigned:	02/27/2015	Date of Injury:	05/27/2009
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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 55-year-old female who sustained an industrial related injury on 5/27/09. The injured worker had complaints of neck and low back pain. Diagnoses included cervicgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, myalgia, and headaches. Treatment included physical therapy, chiropractic treatment, and use of a TENS unit. Medication included Norco, Relafen, Flexeril, and Savella. The treating physician requested authorization for Norco 10/325mg #45, Relafen 500mg #60, Flexeril 10mg #30, and Savella 12.5mg #30. On 1/27/15, the requests were non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted the medical records submitted do not reveal any prior medical treatment rendered to the injured worker. The UR physician noted that if fibromyalgia were a diagnosis it would not have been caused by an industrial related incident. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, twice a day, quantity 45: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to 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 opiate 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 pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. 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.

Relafen 500 mg, twice a day, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Relafen is a non-specific non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has had prior use of NSAIDs, however, without documentation of subjective or objective functional benefit from the use of this medication. In addition, any benefit that the patient may have received from Relafen could also be achieved from over-the-counter NSAIDs. Medical necessity of the requested medication has not been established. The request for Relafen is not medically necessary.

Flexeril 10mg, once a day, quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: Flexeril (Cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system (CNS) depressant with similar effects to tricyclic antidepressants. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Flexeril is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. This medication is not recommended to be used for longer than 2-3 weeks. In this case, there is no documentation of objective functional improvement from any previous use of this medication. In addition, this medication is not indicated for long-term use. Based on the currently available information, the medical necessity for Flexeril, has not been established. The requested medication is not medically necessary.

Savella 12.5 mg, once a day, quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to ODG, Savella is FDA approved, but under study for the treatment of fibromyalgia. In this case, the patient has had prior use of Savella without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. There is no documentation of functional improvement from any previous use of this medication. More importantly, fibromyalgia is not a compensable condition and did not evolve from an MVA. Medical necessity of the requested medication has not been established. The request for Savella is not medically necessary.