

<b>Case Number:</b>	CM15-0067335		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	11/21/1984
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Texas, Florida, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 74 year old female, who sustained an industrial injury on November 21, 1984. She reported an immediate onset of back pain while lifting a heavy printer. The injured worker was diagnosed as having chronic back pain, multilevel degenerative disc disease, multilevel facet arthropathy and status post lumbar fusion L4-L5 and L5-S1. Treatment to date has included diagnostic studies, surgery, physical therapy, home exercise program, spinal cord stimulator and medications. On March 18, 2015, the injured worker complained of radiating pain over the greater trochanteric bursa and lower extremity pain radiculitis. She was noted to remain under care for chronic pain. Notes state that with the combination of hydrocodone, Savella and the spinal cord stimulation, she reported efficacy at 10-20% which helps to improve her functional abilities. The treatment plan included medication and a reassessment in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 tablets of Hydrocodone/Acetaminophen 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** The injury is from over 23 years ago; the benefit from the pain interventions by report is only showing 20% improvement in pain for all measures, but there is no mention of objective functional improvement. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) In regards to the long term use of opiates, the MTUS also poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

**60 tablets of Savella 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants Page(s): 13.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference under Savella.

**Decision rationale:** Per the Physician Desk Reference, under Savella. Per the Physician Desk Reference, Savella is used for fibromyalgia. In the cautions, it is contraindicated or cautioned with hepatic disease, glaucoma, hepatic impairment, seizure history, and hypertension. I did not see that rheumatologic criteria for fibromyalgia were met, or that these important contra-indications/cautions were met. Again, all interventions by report were only yielding 20% pain improvement, but no documentation or objective functional improvement or improved work or functioning. The request is appropriately not medically necessary.