

Case Number:	CM15-0068014		
Date Assigned:	04/15/2015	Date of Injury:	05/27/2009
Decision Date:	06/29/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injury on 05/27/2009. The injured worker is currently diagnosed as having cervicgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, myalgias, and headaches. Treatment to date has included lumbar spine MRI, cervical spine MRI, electromyography/nerve conduction studies, acupuncture, and medications. In a progress note dated 02/02/2015, the injured worker presented with complaints of continued pain in her neck and low back. The treating physician reported requesting authorization for Norco, Amrix, Savella, and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Strength: 10/325 mg; Quantity: 30; Refills: unspecified; taken by mouth, 1 tablet once a day: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The 55 year old patient presents with neck pain and lower back pain radiating to legs and ankles, as per progress report dated 02/23/15. The request is for NORCO: STRENGTH 10/325mg; QUANTITY 30; REFILLS UNSPECIFIED, TAKEN BY MOUTH 1 TABLET ONCE A DAY. There is no RFA for this case, and the patient's date of injury is 05/27/09. The neck and low back pain are rated at 6-10/10, as per progress report dated 02/02/15. Diagnoses included cervicgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, myalgia and headaches. Medications, as per the same report, included Norco, Amrix, Savella, Elavil and Relafen. The patient is working, as per progress report dated 02/23/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, a prescription for Norco is first noted in progress report dated 09/08/14, and the patient has been taking the medication consistently at least since then. In progress report dated 02/02/15, the treater states that medications help her continue working. However, UDS report dated 02/23/15 was inconsistent. Additionally, the treating physician does not use a numerical scale to document reduction in pain nor does the treater provide specific examples that demonstrate an improvement in function. No CURES reports are available for review. There is no discussion regarding side effects of Norco as well. MTUS guidelines require a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Amrix: Strength: 15 mg; Quantity: 30; Refills: unspecified; taken by mouth, t tablet before bedtime: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 55 year old patient presents with neck pain and lower back pain radiating to legs and ankles, as per progress report dated 02/23/15. The request is for AMRIX; STRENGTH: 15mg; QUANTITY 30; REFILLS: UNSPECIFIED; TAKEN BY MOUTH 1 TABLET BEFORE BEDTIME. There is no RFA for this case, and the patient's date of injury is 05/27/09. Diagnoses included cervicgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, myalgia and headaches. Medications, as per the same report, included Norco, Amrix, Savella, Elavil and Relafen. The patient is working, as per progress report dated 02/23/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, a prescription for Amrix is only noted in progress report

dated 02/02/15. In the report, the treater states that the patient's Flexeril is being changed to Amrix for all day relief. The treater does not explain the reason for this change. The patient has been taking Flexeril, another cyclobenzaprine, at least since 10/08/14. The treater, however, does not document its impact on pain and function. Additionally, MTUS only recommends short-term use of these medications. Hence, the request for Amrix # 30 IS NOT medically necessary.

Savella: Strength: 12.5 mg; Quantity: 30; Refills: unspecified; taken by mouth, 1 tablet once a day: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter and topic Milnacipran (Savella).

Decision rationale: The 55 year old patient presents with neck pain and lower back pain radiating to legs and ankles, as per progress report dated 02/23/15. The request is for SAVELLA: STRENGTH: 12.5mg; QUANTITY 30; REFILLS: UNSPECIFIED; TAKEN BY MOUTH, 2 TABLETS BEFORE BEDTIME. There is no RFA for this case, and the patient's date of injury is 05/27/09. Diagnoses included cervicalgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, myalgia and headaches. Medications, as per the same report, included Norco, Amrix, Savella, Elavil and Relafen. The patient is working, as per progress report dated 02/23/15. Regarding Milnacipran -Savella-, ODG, Pain chapter and topic Milnacipran (Savella), states "FDA has now approved milnacipran for the management of fibromyalgia. 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, a prescription of Savella is first noted in progress report dated 10/08/14, and the patient is taking the medication at least since then. While the treater does not document efficacy, ODG guidelines support the use Savella to manage symptoms in fibromyalgia patients. Given the patient's diagnoses and history of fibromyalgia, the request IS medically necessary.

Elavil: Strength: 10 mg; Quantity: (#); Refills: unspecified; taken by mouth, 2 tablets before bedtime: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Medications for chronic pain Page(s): 13-15, 60.

Decision rationale: The 55 year old patient presents with neck pain and lower back pain radiating to legs and ankles, as per progress report dated 02/23/15. The request is for ELAVIL STRENGTH: 10mg; QUANTITY: (#); REFILLS: UNSPECIFIED; TAKEN BY MOUTH, 2 TABLETS BEFORE BEDTIME. There is no RFA for this case, and the patient's date of injury is 05/27/09. Diagnoses included cervicalgia, cervical radiculopathy, cervical disc protrusion, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, carpal tunnel syndrome, myalgia and headaches. Medications, as per the same report, included Norco, Amrix,

Savella, Elavil and Relafen. The patient is working, as per progress report dated 02/23/15. Regarding anti-depressants, MTUS Guidelines, page 13-15, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non- neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first- line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, a prescription of Elavil is first noted in progress report dated 10/08/14, and the patient is taking the medication at least since then. In progress report dated 02/02/15, the treater states that the medication is being prescribed for radiculopathy. The reports, however, do not document efficacy in terms of improvement of function and reduction in pain, as required by MTUS page 60. Hence, the request IS NOT medically necessary.