

Case Number:	CM15-0091766		
Date Assigned:	05/18/2015	Date of Injury:	12/22/2001
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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 61-year-old female, who sustained an industrial/work injury on 12/22/01. She reported initial complaints of pain in low back and right ankle. The injured worker was diagnosed as having reflex symptomatic dystrophy of limb, lumbosacral neuritis, lumbago, spinal stenosis, post laminectomy syndrome, and chronic regional pain syndrome. Treatment to date has included medications, diagnostics, lumbar sympathetic nerve block, and right L4- hemilaminectomy. Currently, the injured worker complains of increased left knee pain, back pain, worsening depression, mood swings, and swelling. Per the primary physician's progress report (PR-2) on 4/7/15, there was atrophy of the tissues in the right foot and some dystonia, mild temperature change between the left and right lower extremities, tenderness to palpation over the L4-5 and L5-S1 area, and right patellar and Achilles reflexes are absent. Current plan of care included chemotherapy for skin cancer, orthopedic bracing, Holter monitor, medications for pain management. The requested treatments include Clonidine 0.3 mg, Ibuprofen 800mg, Metoprolol 50mg, and Savella 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.3mg #270 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Clonidine, intrathecal.

Decision rationale: The 53-year-old patient presents with Complex regional pain syndrome type I for right lower extremity, lumbar spinal stenosis, cervical spinal stenosis, post lumbar spine surgery syndrome, chronic pain, hip pain, and osteoarthritis of hip and pelvis. The request is for CLONIDINE 0.3mg #270 WITH 3 REFILLS. The RFA for the case is dated 04/09/15, and the patient's date of injury is 12/22/01. The patient is undergoing chemotherapy for skin cancer and has increased left knee pain. Medications, as per progress report dated 04/07/15, included Ibuprofen, Savella, Metoprolol, and Clonidine. As per progress report dated 01/06/15, the patient suffers from worsening right lower extremity pain. The reports do not document the patient's work status. ODG guidelines, chapter 'Pain (chronic)' and topic 'Clonidine, intrathecal', states the following: not recommended except as an end-stage treatment alternative for selected patients for specific conditions, and only after a short-term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetic. See Implantable drug-delivery systems (IDDSs). There is no recommendation for its use as there is little evidence that this medication provides long-term pain relief (when used in combination with opioids approximately 80% of patients had < 24 months of pain relief) and no studies have investigated the neuromuscular, vascular or cardiovascular physiologic changes that can occur over long period of administration. In this case, a request for Clonidine is first noted in progress report dated 06/17/14, and the patient has been taking the medication consistently at least since then for "centrally maintained pain." The treater states that the patient experiences 75% reduction in chronic pain when medications are taken adequately. There is no documentation of specific improvement in function. ODG guidelines, however, do not support prolonged use of Clonidine. Hence, the request IS NOT medically necessary.

Ibuprofen 800mg #270 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain page(s): 22,60.

Decision rationale: The 53-year-old patient presents with Complex regional pain syndrome type I for right lower extremity, lumbar spinal stenosis, cervical spinal stenosis, post-lumbar spine surgery syndrome, chronic pain, hip pain, and osteoarthritis of hip and pelvis. The request is for IBUPROFEN 800mg #270 WITH 3 REFILLS. The RFA for the case is dated 04/09/15, and the patient's date of injury is 12/22/01. The patient is undergoing chemotherapy for skin cancer and has increased left knee pain. Medications, as per progress report dated 04/07/15, included Ibuprofen, Savella, Metoprolol, and Clonidine. As per progress report dated 01/06/15, the patient suffers from worsening right lower extremity pain. The reports do not document the patient's work status. Regarding NSAID's, MTUS page 22 supports it for

chronic low back pain, at least for short-term relief. MTUS p60 also states, "a record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a request for Ibuprofen is first noted in progress report dated 06/17/14, and the patient has been taking the medication consistently at least since then for inflammatory pain. The treater states that the patient experiences 75% reduction in chronic pain when medications are taken adequately. This information, however, is not specific to Ibuprofen. Additionally, the treater does not document the impact of Ibuprofen on function. In progress report dated 01/06/15, the treater states that the patient "is unable to perform simple around the house..." Given the lack of efficacy, the request IS NOT medically necessary.

Metoprolol 50mg #180 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682864.html>.

Decision rationale: The 53-year-old patient presents with Complex regional pain syndrome type I for right lower extremity, lumbar spinal stenosis, cervical spinal stenosis, post-lumbar spine surgery syndrome, chronic pain, hip pain, and osteoarthritis of hip and pelvis. The request is for METOPROLOL 50mg #180 WITH 3 REFILLS. The RFA for the cases dated 04/09/15, and the patient's date of injury is 12/22/01. The patient is undergoing chemotherapy for skin cancer and has increased left knee pain. Medications, as per progress report dated 04/07/15, included Ibuprofen, Savella, Metoprolol, and Clonidine. As per progress report dated 01/06/15, the patient suffers from worsening right lower extremity pain. The reports do not document the patient's work status. MTUS, ACOEM and ODG guidelines do discuss Metoprolol. MedlinePlus, a service of U.S. National Library of Medicine, at <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682864.html> has this stay: Metoprolol is used alone or in combination with other medications to treat high blood pressure. It also is used to prevent angina (chest pain) and to improve survival after a heart attack. Metoprolol also is used in combination with other medications to treat heart failure. Metoprolol is in a class of medications called beta blockers. It works by relaxing blood vessels and slowing heart rate to improve blood flow and decrease blood pressure. In this case, a request for Metoprolol is first noted in progress report dated 06/17/14, and the patient has been taking the medication consistently at least since then for hypertension related to elevated pain levels. The reports do not document recent blood pressure readings and efficacy of the drug. Nonetheless, given the diagnoses of hypertension for which Metoprolol is indicated by MedlinePlus, the request for Metoprolol is reasonable and IS medically necessary.

Savella 50mg #180 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-depressants page(s): 13-16.

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

Decision rationale: The 53-year-old patient presents with Complex regional pain syndrome type I for right lower extremity, lumbar spinal stenosis, cervical spinal stenosis, post lumbar spine surgery syndrome, chronic pain, hip pain, and osteoarthritis of hip and pelvis. The request is for SAVELLA 50mg #180 WITH 3 REFILLS (2 P.O. Q DAY). The RFA for the case is dated 04/09/15, and the patient's date of injury is 12/22/01. The patient is undergoing chemotherapy for skin cancer and has increased left knee pain. Medications, as per progress report dated 04/07/15, included Ibuprofen, Savella, Metoprolol, and Clonidine. As per progress report dated 01/06/15, the patient suffers from worsening right lower extremity pain. The reports do not document the patient's work status. 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 request for Savella is first noted in progress report dated 06/17/14, and the patient has been taking the medication consistently at least since then for "neuropathic pain." The treater states that the patient experiences 75% reduction in chronic pain when medications are taken adequately. This information, however, is not specific to Savella. Additionally, there is no documentation of fibromyalgia for which Savella is indicated. Hence, the request IS NOT medically necessary.