

Case Number:	CM15-0095534		
Date Assigned:	05/22/2015	Date of Injury:	04/11/2010
Decision Date:	06/25/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back, neck, elbow, and knee pain with derivative complaints of anxiety, depression, and fibromyalgia (FM) reportedly associated with an industrial injury of April 11, 2010. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for Percocet and Savella. The claims administrator referenced a RFA form received on April 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 16, 2015, the applicant reported multifocal complaints of neck pain, shoulder pain, wrist pain, and low back pain with radiation of pain to the bilateral upper and bilateral lower extremities, 5/10 with medications versus 8/10 without medications. The applicant was on Percocet, Savella, Pamelor, Neurontin, Cymbalta, Ativan, and several topical compounded medications. Standing, walking, bending, and lifting, all remained problematic, the treating provider reported. Epidural steroid injection therapy was sought. The applicant was asked to continue Percocet, Neurontin, and Savella. The applicant's work status was not seemingly furnished. In a March 23, 2015 progress note, the applicant reported multifocal complaints of neck, low back, bilateral hand, and bilateral wrist pain with derivative complaints of depression of anxiety. The applicant was using a cane and a lumbar support to move about. The applicant had undergone earlier failed lumbar spine surgery, it was reported. Flexeril and Prilosec were renewed. Permanent work restrictions imposed by a medical-legal evaluator were also renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg (every 6 hours), #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen); Opioids, criteria for use - On-Going Management Page(s): 102, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly outlined on multiple office visits, referenced above. While the attending provider did report reduction of pain scores from 8/10 without medications to 5/10 with medications, on April 16, 2015, these reports were, however, outweighed by the attending provider's seeming failure to document the applicant's work status and the attending provider's commentary to the effect that activities of daily living as basic as standing, walking, bending, and lifting all remained problematic secondary to ongoing issues with chronic pain. Therefore, the request was not medically necessary.

Savella 50mg (2 times daily), #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation U.S. Food and Drug Administration indications and usage: Savella® is a selective serotonin and norepinephrine reuptake inhibitor (SNRI) indicated for the management of fibromyalgia (1).

Decision rationale: Similarly, the request for Savella was likewise not medically necessary, medically appropriate, or indicated here. While the Food and Drug Administration (FDA) does acknowledge that Savella is an SNRI medication indicated in the management of fibromyalgia, i.e., one of the diagnoses suspected here, the FDA position is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, it did not appear that the applicant had profited despite ongoing usage of Savella. The applicant did not appear to be working with permanent limitations imposed by a medical-legal evaluator in place. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit as multiple treating providers simply suggested continuing restrictions imposed by an Agreed Medical Evaluator (AME). Ongoing usage of Savella failed to curtail the applicant's

dependence on numerous other analgesic medications, including opioid agents such as Percocet, anxiolytic medications such as Ativan, and/or multiple topical compounded agents. The applicant continued to use a cane to move about and reported that activities of daily living as basic as standing, walking, bending, lifting, all remained problematic, per a progress note of April 16, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Savella usage. Therefore, the request was not medically necessary.