

Case Number:	CM15-0098700		
Date Assigned:	06/01/2015	Date of Injury:	09/24/2007
Decision Date:	07/07/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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, Hawaii
 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 was a 43 year old female, who sustained an industrial injury, September 24, 2007. The injured worker previously received the following treatments Protonix, Zofran, Lyrica, Savella, Novolog insulin, Levemore, Vitorza, Januvain, Citalopram, Brintellix, Atarax, Temazepam, Xanax and Soma. The injured worker was diagnosed with chronic pain syndrome, hypertension, insulin dependent diabetes, irritable bowel syndrome, hyperlipidemia, GERD and small hiatal hernia. According to progress note of April 6, 2015, the injured workers chief complaint was pain everywhere in the body. The physical exam noted the cervical spine with decreased range of motion and positive for pain with tingling in the bilateral. The heart sounds noted normal sinus rhythm. The lungs were clear with lower extremity edema. The abdomen was soft. The treatment plan included prescriptions for Savella and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Savella 50mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Milnacipran.

Decision rationale: The patient presents with pain affecting the entire body. The current request is for Savella 50mg #60 with 1 refill. The treating physician report dated 4/6/15 (22B) provides no rationale for the current request. The report does note that the patient is diagnosed with hyperlipidemia and fibromyalgia. The MTUS guidelines do not address the current request. The ODG guidelines state the following regarding Milnacipran (Savella): "FDA has now approved milnacipran (Savella) 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". The guidelines further state that Milnacipran is not recommended for the treatment of chronic pain. The medical reports provided, show the patient has been taking Savella since at least 2/9/15 (43B). In this case, while the patient does present with fibromyalgia, there is no documentation or discussion, of the patient's functional improvement and/or the medication's efficacy in treating her fibromyalgia symptoms. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The current request is not medically necessary.

Protonix 40mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the entire body. The current request is for Protonix 40mg #30 with 1 refill. The treating physician report dated 4/6/15 (22B) provides no rationale for the current request. The MTUS guidelines state Protonix is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)". Clinician should weigh indications for NSAIDs against GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. The medical reports provided, show the patient has been taking Protonix since at least 11/24/14 (56B). In this case, there is documentation that the patient presents with GERD as well as a small hiatal hernia. The current request satisfies the MTUS guidelines as the patient is at risk for gastrointestinal events and is currently symptomatic of gastroesophageal reflux disease. The current request is medically necessary.