

Case Number:	CM14-0173067		
Date Assigned:	10/23/2014	Date of Injury:	04/15/2003
Decision Date:	11/25/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

48 yr.old female claimant sustained a work injury on 4/15/03 involving the neck and hands. She was diagnosed with reflex sympathetic dystrophy, carpal tunnel syndrome, chronic pain syndrome and depression. She had undergone a cervical spine fusion. A progress note on 9/30/14 indicated the claimant had increasing hand pain and headaches. She has started drinking alcohol due to the pain. Exam findings were notable for painful range of motion of both hands, allodynia in the left hand and contracture in the right ring finger. She had been on Norco for pain, Valium, Nucynta, Zoloft, Savella, Topamax And Namenda. She had been on these medications for over 9 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain . It is not indicated for mechanical or compressive etiologies In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the [REDACTED] step-wise algorithm). It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 9 months without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Nucynta 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Nucynta contains opioids and is intended for managing 24-hour pain. According to the MTUS guidelines, opioids are not indicated for mechanical or compressive etiologies. In addition, the claimant had been on Norco without any change in function or pain level over several months. No one opioid is superior to another. There is no documentation of 1st line treatment such as Tylenol. In addition, there is no documentation of a controlled substance agreement or management plan. Continued use of Nucynta is not medically necessary.

Savella 25mg #60: 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), Mental Illness & Stress

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

Decision rationale: Savella is an SNRI anti-depressant. According to the MTUS guidelines, SNRI may be used for fibromyalgia and neuropathic pain related to diabetes. It is off-label for radicular type pain. In this case, the claimant does not have a diagnosis of fibromyalgia or diabetic neuropathy. The use of Savella is not medically necessary.