

<b>Case Number:</b>	CM14-0006187		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	06/12/1999
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Orthopedic Surgery 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:

This is a 51-year-old male with a 06/12/1999 date of injury. A specific mechanism of injury was not described. A 1/6/14 determination was modified. There was certification of amitriptyline, lyrica, senna, and tramadol #60. A non-certification was rendered for tramadol #130, zanaflex, Lidoderm, Celebrex, Viibryd, and Saphris. Non-certification reasons include tramadol certification for only one month's period. For Zanaflex no proven role of muscle relaxants for chronic pain syndrome. Lidoderm patch given that is FDA approved only for post herpetic neuralgia. Celebrex gave no acute exacerbation of pain, acute breakthrough, or acute pain. Viibryd gave no clinical justification for the use of two antidepressant at the same time. Saphris given that patient does not have psychosis. 2/18/14 pain management report identifies that the patient's pain is moderate to severe. The problem is worsening. The pain radiates to the bilateral ankles, bilateral foot, and bilateral thighs. Exam revealed positive SLR and Patrick's tests. Decreased range of motion and strength. It is noted that Lidoderm is used to attenuate his burning radicular foot pain. Celebrex is used to reduce his lumbar facet arthritis pain by 70%. It is also noted that the review of systems is positive for constipation, decreased appetite, and diarrhea. Negative for abdominal pain, blood in stool, heartburn, nausea, and vomiting. 10/4/13 psychiatric report identifies that the patient is very frustrated that he is in pain all the time. He is very irritable. He is feeling very depressed and sometimes has suicidal ideations due to continued pain. His family makes sure that there is somebody with him all the time. He does not enjoy anything. The provider recommends Viibryd 40mg for continued depression and Saphris 10mg for irritability and augmentation of antidepressant effect of Viibryd.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDODERM PATCHES 5% #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN, TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 56-57 Page(s): 56-57. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Chapter, Lidoderm patches.

**Decision rationale:** CA MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The patient has neuropathic pain not adequately controlled with first line therapy. It is noted that the patient utilizes the patches for to attenuate his burning radicular foot pain. Therefore, the request for Lidoderm Patches 5% #90 is medically necessary.

**CELEBREX 400MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN, NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain Chapter and Non-MTUS Other Medical Treatment Guidelines or Medical Evidence.

**Decision rationale:** The patient has chronic low back pain. It is noted Celebrex is taken for lumbar facet arthritis pain. MTUS states that COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. In addition, the FDA identifies that Celebrex is indicated in the treatment of osteoarthritis, rheumatoid arthritis, acute pain, and familial adenomatous polyposis. However, there is no clear indication of osteoarthritis in the records provided. In addition, the medical record specifically states that there is no heartburn or abdominal pain. There is no clear indication for the use of this medication at this time. Therefore, the request for Celebrex 400mg #30 is not medically necessary.

**VIIBRYD 25MG TWICE A DAY: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Non-MTUS Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** The patient has been prescribed Viibryd by a psychiatric provider in efforts to regulate the patient's depressive symptoms. It is noted that there has been suicidal ideations and he does not enjoy anything. It would be appropriate to continue the patient's psychotropic medication until there is stabilization of his mood and weaning can be attempted. Therefore, the request for Viibryd 25mg twice a day is medically necessary.

**SAPHRIS 10MG #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Atypical antipsychotics and Non-MTUS Other Medical Treatment Guidelines or Medical Evidence.

**Decision rationale:** The patient has significant depression and the psychiatric provider states that Saphris is given for irritability and augmentation of antidepressant effect of Viibryd. However, ODG states that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. In addition, the FDA states that that Saphris is indicated for schizophrenia and bipolar disorder, which the patient does not present. There is insufficient documentation to support the necessity of this medication at this time. Therefore, the request for Saphris 10mg #60 is not medically necessary.