

Case Number:	CM14-0168757		
Date Assigned:	10/16/2014	Date of Injury:	10/28/2002
Decision Date:	11/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57-year-old female with a date of injury of 10/28/2002. The listed diagnoses per [REDACTED] are: 1. Myalgia/myositis, NOS. 2. Displaced thoracic/lumbar intervertebral disk. 3. Long-term use anticoagulant. According to the progress report dated 07/21/2014, the patient presents with continued total body pain, chronic fatigue, and sleeping issues. Objective findings note "very tight paraspinal and FMS TP. No new joint swelling. Normal neurological examination. No rheumatoid arthritis deformities." Progress report, 07/02/2014, by [REDACTED] states that the patient has constant pain rated as 7/10 to 9/10 with medication. She reports moderate relief with Savella and Ultracet, but has increased left L5 pain. Her depression is better with Cymbalta. Patient's burning sensation in the bilateral feet is better with Neurontin. It was noted she was prescribed Lidoderm 5% patches with moderate relief. This is a request for refill of Savella 50 mg #60, Ultracet 37.5/325 mg #120, Lidoderm 5% patch #60, and Lyrica 150 mg #60. Utilization review denied the request on 09/17/2014. Treatment reports from 01/03/2014 through 07/21/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Savella 50mg #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,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS guidelines under antidepressants Page(s): 13-15.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting a refill of Savella 50 mg #60. Progress reports indicate the patient is taking Savella for fibromyalgia and myofascial dysfunction. Savella is a selective serotonin and norepinephrine reuptake inhibitor (SNRI). The MTUS guidelines pages 13-15 has the following under antidepressants, "Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain." This class of medication is considered controversial and more information is needed regarding antidepressants and the management of chronic pain. The request is not medically necessary.

1 Prescription of Ultracet 37.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting a refill of Ultracet 37.5/325 mg #120. The MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. Review of the medical file indicates the patient has been prescribed this medication since at least 02/09/2014. Progress reports continually note that the patient has "constant 7-9/10 with medications." The physician does state that patient has moderate relief with Savella and Ultracet and improvement in her radicular symptoms with Neurontin. In this case, there is no discussion of specific functional improvement or changes in ADLs as required by MTUS. Furthermore, there is no discussion of adverse side effects, and urine drug screens are not provided to monitor compliance. Given the lack of sufficient documentation for opiate management, the request is considered not medically necessary.

1 Prescription of Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidoderm (lidocaine patch)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS , Lidocaine MTUS guidelines page 57 states, topical lidocaine Page(s): 112. Decision based on Non-MTUS Citation ODG) Lidoderm® (lidocaine patch), under Lidoderm® (lidocaine patch)

Decision rationale: This patient presents with chronic low back pain. The physician is requesting Lidoderm patches #60. MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient does not present with "localized peripheral pain." The requested Lidoderm patches are not medically necessary.

1 Prescription of Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines, , CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Pregabalin (Lyrica) MTUS medicat.

Decision rationale: This patient presents with chronic low back pain. The physician is requesting a refill of Lyrica 150 mg #60. The MTUS Guidelines has the following regarding pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and post herpetic neuralgia, and has been FDA approved for both indications, and it is considered first-line treatment for both." Review of the medical file indicates the patient has been prescribed Lyrica since 02/19/2014. In this case, the physician does not discuss functional improvement or decrease in pain with this medications. Progress reports continually note that "pain is constant 7-9/10, with medication." The physician does state that patient has moderate relief with Savella and Ultracet and improvement in her radicular symptoms with Neurontin. However, there is no discussion regarding Lyrica. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation of this medication cannot be supported. The request is deemed not medically necessary.