

<b>Case Number:</b>	CM14-0027001		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/17/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Orthopaedic 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:

The injured worker is a 32-year-old female injured on 5/17/2010. The mechanism of injury is not listed. The injured worker underwent an anterior cervical discectomy and fusion (ACDF) at C5/6 on 9/8/2010. The most recent progress note dated 12/24/2013, indicates that there are ongoing complaints of neck pain and low back pain with radiation to the left lower extremity. Physical examination demonstrated a positive straight leg raise on left; decrease sensation in left foot; decreased strength in the left lower extremity; decreased left ankle reflex; decreased range of motion of cervical/lumbar; positive spasming to trapezium bilaterally. Magnetic resonance imaging (MRI) the cervical spine dated 1/13/2012 showed uncinat process spurring and mild left foraminal narrowing at C3/4; disc osteophyte complex and uncinat process spurring resulting in mild central canal stenosis and mild right foraminal narrowing at C4/5; and mild right foraminal narrowing at C5/6. MRI of the thoracic spine dated 1/13/2012 showed no disk herniation or central canal/foraminal stenosis. MRI lumbar spine dated 6/8/2011. A showed broad based bulge, facet hypertrophy and slight bilateral neural foraminal narrowing at L3/4 & L4/5 without central canal stenosis; minimal degenerative changes of the lumbar spine. The electromyogram/nerve conduction study(EMG/NCS) dated 2/28/2012 of the upper and lower extremities was normal. Plain radiographs of the lumbar spine dated 5/4/2013 demonstrated mild to moderate intervertebral disc space narrowing at L5/S1. Medications listed: Prilosec, Neurontin, Flexeril, Savella and Lunesta. A request had been made for Gabapentin 600 mg #100; Fexmid 7.5 mg #90; Savella 25 mg #180; Lunesta 2 mg #90 and a urine drug test on 2/25/2014. Gabapentin was modified and certified for #60. Fexmid, Savella, Lunesta and urine drug test were not approved.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**GABAPENTIN 600MG #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS Page(s): 16-20, 49.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CA MTUS) considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is evidence of neuropathic and radicular pain. As such, the requested medication is considered medically necessary.

**FEXMID 7.5MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

**Decision rationale:** California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain as well as post operatively for pain, but advises against long-term use. Given the injured worker's date of injury and date of spine surgery, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**SAVELLA 25MG #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), ODG Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Antidepressants for Chronic Pain & Savella (updated 06/10/14).

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines indicate that Savella (Milnacipran HCL) is a serotonin epinephrine reuptake inhibitor (SNRI) used for the management of fibromyalgia. Compared with placebo, the SNRIs Milnacipran (Savella) are slightly more likely to reduce pain in patients with fibromyalgia, but they are not superior in terms of reducing fatigue and sleep problems or in improving quality of life and appear to cause more adverse effects. As there is

little to no evidence that the cause of fibromyalgia is related to industrial injuries, this request is not considered medically necessary.

**LUNESTA 2MG #90:** 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), Pain Chapter, Insomnia Treatments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress Chapter, Eszopicolone (updated 6/12/14).

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this medication. The Official Disability Guidelines support Lunesta for short-term treatment of insomnia and recommend limiting its use to three weeks in the first two months of injury only. Given the date of injury in clinical presentation, this request is not considered medically necessary.

**URINE DRUG TEST:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The documentation provided does not indicate that the injured worker is currently utilizing any controlled substances or that the clinician intends to provide the injured worker with controlled substances. As such, the request is not considered medically necessary.