

<b>Case Number:</b>	CM15-0208370		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	01/11/1999
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 61 year old female injured worker suffered an industrial injury on 1-11-1999. The diagnoses included bilateral lower extremity complex regional pain syndrome with spinal cord stimulator implant. On 10-1-2015 the provider reported bilateral lower extremity pain. She reported with the medication she was able to perform activities of daily living, allow her to cook and clean and to spend time with her husband. On exam, there was allodynia in the bilateral lower extremities. There was swelling in the left foot with mottling of the feet. The provider noted Savella reduced the neuropathic pain and was a well-established medication for the treatment of chronic pain and noted an updated opiate contract in place. The Savella and Fentanyl patch had been in use since at least 5-2014. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, limited evidence of functional improvement with treatment and no aberrant risk assessment. Diagnostics included urine drug screen 8-6-2015 that was consistent. Request for Authorization date was 10-1-2015. Utilization Review on 10-7-2015 determined non-certification for Fentanyl patch 100mcg #15 and Savella 50mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch 100mcg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Fentanyl.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Opana along with Fentanyl. Pain reduction scores were not provided with medication use. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. Other long-acting oral options or their failure was not mentioned. Continued use of Fentanyl is not medically necessary.

**Savella 50mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version) Milnacipran (Savella).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

**Decision rationale:** Savella is an SNRI antidepressant. Although, it may be used for psychological symptoms associated with pain. There was mention of depression score testing and indication of moderate depression. In light of CRPS, use of a stimulator and depressive symptoms, the Savella is medically necessary.