

<b>Case Number:</b>	CM15-0031660		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/18/2013
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 52 year old female who sustained an industrial injury on May 18, 2013. There was no mechanism of injury documented. A lumbar magnetic resonance imaging (MRI) in June 2013 demonstrated L4-L5 degenerative disc disease with disc bulge, hypertrophy with neuroforaminal narrowing, and facet hypertrophy at L5-S1. The injured worker was diagnosed with lumbar radiculopathy. According to the primary treating physician's progress report on January 26, 2015 the injured worker continues to experience left sided low back pain with burning pain in the legs. Cymbalta was discontinued secondary to nightmares and Pristiq was added. The injured worker displays decreased range of motion with an antalgic gait. Current medications consist of Norco, Gralise and Pristiq. Treatment modalities consisted of 20 completed functional restoration sessions (FRP's), epidural steroid injections (ESI) and facet injection on December 16, 2013 (with minimal benefit), medication and a home exercise program. The injured worker is Permanent & Stationary (P&S). The treating physician requested authorization for Pristiq ER 50 mg #15 and Gralise ER 600 mg #30. On February 18, 2015 the Utilization Review denied certification as medically not necessary for Pristiq ER 50 mg #15 and Gralise ER 600 mg #30 however allowed for 1 month supply for weaning purposes. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pristiq ER 50 mg #15: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 15-16. Decision based on Non-MTUS Citation Epocrates, Pristiq monograph (<https://online.epocrates.com>).

**Decision rationale:** Pristiq (desvenlafaxine) is a selective serotonin reuptake inhibitor (SNRI) and is FDA approved for the treatment of depression. Its role in chronic pain is less clear. MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. MTUS additionally states concerning SSRIs and pain "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." treating physician has documented that this patient had a side effect of "bad dreams" related to the usage of Cymbalta, but has not documented failure of other first line treatments why Pristiq is needed at this time. In addition there is no documentation of a Beck's depression score or referral to a psychiatrist. As such, the request for Pristiq ER 50 mg #15 is not medically necessary.

**Gralise ER 600 mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Anti-epilepsy drugs (AEDs) for pain, Gabapentin (Neurontin<sup>1/2</sup>).

**Decision rationale:** The MTUS considers Gabapentin as a first-line treatment for neuropathic pain and effective for the treatment of spinal cord injury, lumbar spinal stenosis, and post op pain. MTUS also recommends a trial of Gabapentin for complex regional pain syndrome. ODG states "Recommended Trial Period: One recommendation for an adequate trial with Gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change

in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggests that if inadequate control of pain is found, a switch to another first-line drug is recommended." Additionally, ODG states that Gabapentin "has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Based on the clinical documentation provided, there is subjective and objective evidence of neuropathic type pain and radicular pain. In addition the treating physician notes that the patient gets functional improvement and a reduction in pain from Gralise. As such, the request for Gralise ER 600 mg #30 is medically necessary.