

Case Number:	CM15-0240751		
Date Assigned:	12/17/2015	Date of Injury:	05/10/1992
Decision Date:	01/22/2016	UR Denial Date:	11/30/2015
Priority:	Standard	Application Received:	12/09/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 55 year old female, who sustained an industrial injury on 5-10-1992. The injured worker is being treated for left L5 radicular symptoms with L5-S1 retrolisthesis and disc bulge, L1-2 disc protrusion, L4-5 left sided arthrosis and bilateral trochanteric bursitis with hip abductor tightness. Treatment to date has included medications, aquatic therapy, home exercise and injections. Per the most recent submitted Consulting Physician's Progress Report dated 9-04-2015, the injured worker presented for follow-up regarding her low back and hip pain. She reported continued low back pain that radiates into the hips. She used to have a lot of bilateral hip pain and it is now starting to come back. She will start therapy in the near future. She takes Vicodin on rare occasions as needed. She has not received a prescription in 9 months. She cannot take anti-inflammatory medication because she has one kidney. Objective findings included tenderness to palpation of the lumbosacral junctions, trochanteric bursae and iliotibial bands bilaterally. Facet stress maneuvers are mildly positive bilaterally. There is no documentation of significant functional improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. Work status was not documented at the most recent visit. The plan of care included Norco 5-325mg and continuation of home exercises and stretching. Authorization was requested for Savella 50mg #60, Lyrica 75mg #90 and Maxalt 10mg #60. Per the Utilization Review letter dated 11-30-2015, Savella 50mg #60, Lyrica 75mg #90 and Maxalt 10mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Maxalt 10mg #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 (ODG), Head Chapter, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a601109.html>.

Decision rationale: Pursuant to Medline plus, Maxalt 10 mg, #60 is not medically necessary. Rizatriptan is used to treat the symptoms of migraine headaches (severe, throbbing headaches that sometimes are accompanied by nausea and sensitivity to sound and light). Rizatriptan is in a class of medications called selective serotonin receptor agonists. It works by narrowing blood vessels in the brain, stopping pain signals from being sent to the brain, and blocking the release of certain natural substances that cause pain, nausea, and other symptoms of migraine. Rizatriptan does not prevent migraine attacks or reduce the number of headaches you have. In this case, the injured worker's working diagnoses are left L5 radicular symptoms with L5-S1 retrolisthesis and disc bulge, L1-2 disc protrusion, L4-5 left sided arthrosis and bilateral trochanteric bursitis with hip abductor tightness. Date of injury is May 10, 1992. Request authorization is November 6, 2015. Utilization review references an October 22, 2015 progress note. There is no October 22, 2015 progress note in the medical record for review. There is a supplemental provider report dated November 11, 2015. The documentation indicates the provider saw the injured worker for fibromyalgia dating back to 1999. The documentation states the fibromyalgia is industrially-based. The treating provider is recommending Sonata and Zaleplon. According to the utilization review, the injured worker has total body pain chronic fatigue and sleep issues. Aquatic therapy is helpful. The injured worker is taking Maxalt, Savella and Lyrica. There is no documentation in the medical record injured worker has symptomatic migraines. The provider documents unspecified total body pain with chronic fatigue. The documentation states the medication is being requested for fibromyalgia syndrome. There is no documentation with a start date for Maxalt. There is no documentation demonstrating objective functional improvement with Maxalt. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Maxalt 10 mg, #60 is not medically necessary.

Savella 50mg #60: Upheld

Claims Administrator 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), Pain Chapter, Milnacipran (Savella).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Savella.

Decision rationale: Pursuant to the Official Disability Guidelines, Savella 50 mg, #60 is not medically necessary. Savella is not recommended for chronic pain. Savella demonstrated significant therapeutic effects for treatment of fibromyalgia syndrome. In this case, the injured worker's working diagnoses are left L5 radicular symptoms with L5-S1 retrolisthesis and disc

bulge, L1-2 disc protrusion, L4-5 left sided arthrosis and bilateral trochanteric bursitis with hip abductor tightness. Date of injury is May 10, 1992. Request authorization is November 6, 2015. Utilization review references an October 22, 2015 progress note. There is no October 22, 2015 progress note in the medical record for review. There is a supplemental provider report dated November 11, 2015. The documentation indicates the provider saw the injured worker for fibromyalgia dating back to 1999. The documentation states the fibromyalgia is industrially-based. The treating provider is recommending Sonata and Zaleplon. According to the utilization review, the injured worker has total body pain chronic fatigue and sleep issues. Aquatic therapy is helpful. The injured worker is taking Maxalt, Savella and Lyrica. The provider documents unspecified total body pain with chronic fatigue. There is no documentation in the medical record of neuropathic pain in the medical record. The treating provider highlights unspecified total body pain with chronic fatigue. There is no documentation with a start date for Savella. There is no documentation demonstrating objective functional improvement with Savella. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Savella 50 mg, #60 is not medically necessary.

Lyrica 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Lyrica.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Lyrica 75 mg #90 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are left L5 radicular symptoms with L5-S1 retrolisthesis and disc bulge, L1-2 disc protrusion, L4-5 left sided arthrosis and bilateral trochanteric bursitis with hip abductor tightness. Date of injury is May 10, 1992. Request authorization is November 6, 2015. Utilization review references an October 22, 2015 progress note. There is no October 22, 2015 progress note in the medical record for review. There is a supplemental provider report dated November 11, 2015. The documentation indicates the provider saw the injured worker for fibromyalgia dating back to 1999. The documentation states the fibromyalgia is industrially-based. The treating provider is recommending Sonata and Zaleplon. According to the utilization review, the injured worker has total body pain chronic fatigue and sleep issues. Aquatic therapy is helpful. The injured worker is taking Maxalt, Savella and Lyrica. Lyrica was prescribed as far back as July 16, 2015. The provider documents unspecified total body pain with chronic fatigue. There is no documentation in the medical record of neuropathic pain in the medical record. There is no documentation demonstrating objective functional improvement with Lyrica. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Lyrica 75 mg, #90 is not medically necessary.