

<b>Case Number:</b>	CM14-0142512		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	05/03/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Pain Management 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 70-year-old female with date of injury of 05/03/2002. The listed diagnoses per [REDACTED] dated 07/29/2014 are: 1. Displacement of the intervertebral disk, lumbar. 2. Degeneration of the lumbar disk. 3. Lower back pain. 4. Status post TFESI on 07/18/2013, no relief. According to this report, the patient has a history of lower back and lower extremity pain. The patient reports pain radiating down from her lower back to the bilateral lower extremities, right greater than the left, along with numbness and tingling. She reports weakness, cramping, and spasms especially at night which makes it very difficult for her to sleep. Cymbalta was tried and she developed a rash, and therefore had to take Savella which seemed to help decrease her pain. The patient is currently unemployed. The examination shows the patient is well developed, well groomed, in no acute distress. The patient is not able to sit for 15 minutes without any limitations or evidence of pain. She constantly shifts in her chair to arrange herself in a comfortable position. The patient ambulates with the use of a cane and moves very slowly with a shuffling gait. Lumbar spine range of motion is restricted in all planes with increased pain. Muscle guarding is also noted. There is tenderness to palpation in the midline throughout the lumbar spine. Severe muscle tension along the paraspinal muscles. Paraspinous swelling in the right lumbar spine was also noted. Motor strength is 5/5 in the bilateral lower extremities. Sensory examination shows diminished sensation along the L5, S1 dermatome. DTRs are 2+ in the bilateral knees. Straight leg raise is positive bilaterally at 60 degrees. She has significant muscle guarding with multiple trigger points in the paraspinous lumbar muscles extending across the L1-S1. The Utilization Review denied the request on 08/11/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Gabapentin 600mg, #90 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin and Pregabalin:.

**Decision rationale:** This patient presents with lower back pain and lower extremity pain. The treater is requesting gabapentin 600 mg quantity #90. The MTUS Guidelines page 18 to 19 on gabapentin states that it has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first line treatment for neuropathic pain. MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed gabapentin on 03/13/2014. However, prior medication history was not made available. The 07/29/2014 report notes, "Her PHQ-9 score remains to be very high indicating consistent high levels of pain and depression that are suboptimally controlled with medications but will worsen without them." The treater reports that the patient continues to be stable on medications and has been compliant with their use. In this case, the treater documents adequate functional benefit while using gabapentin. The request for Gabapentin 600mg, #90 with 1 refill is medically necessary.

### **Celebrex 200mg, #30 with 1 refill: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COX-2 inhibitors Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** This patient presents with lower back pain and lower extremity pain. The treater is requesting Celebrex 200 mg, quantity 30 with 1 refill. The MTUS Guidelines page 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. In addition, MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Celebrex on 03/11/2014; however, prior medication history was not made available. The 07/29/2014 report notes, there is continued swelling on the right side of the lower back that is indicative of the inflammatory nature of her condition, and "her PHQ-9 score remains to be very high indicating consistent high levels of pain and depression that are sub optimally controlled with medication but will worsen without them." In this case, MTUS Guidelines supports anti-inflammatory medications as first-line treatment to reduce pain

and improve functional abilities. The request for Celebrex 200mg #30 with 1 refill is medically necessary.

**Roxicodone 15mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management. .

**Decision rationale:** This patient presents with lower back pain and lower extremity pain. The treater is requesting Roxicodone 15 mg, quantity 120. For chronic opiate use, the MTUS Guidelines page 80 and 89 states that pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument. MTUS page 78 also requires documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Roxicodone on 03/11/2014. However, prior medication history was not made available. The treater notes on 07/29/2014 that the patient continues to be stable on her medications. The patient was educated on side effects and potential interactions. The patient is compliant with her current medication regimen. She is permanent and stationary since November 2003. The treater does not provide pain scales, no specifics regarding ADLs, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. The request only partially met criteria. Therefore, request for Roxicodone 15 mg is not medically necessary.

**Tizanidine 4mg, #30 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Page(s): 68.

**Decision rationale:** This patient presents with lower back pain and lower extremity pain. The treater is requesting tizanidine 4 mg, quantity 30 with 1 refill. The MTUS Guidelines page 66 on tizanidine states that it is a centrally acting alpha-1 adrenergic agonist that is FDA-approved for management of spasticity; unlabeled use for low back pain. In addition, it demonstrates a significant decrease in pain associated with chronic myofascial pain syndrome. The records show that the patient was prescribed tizanidine on 03/11/2014; however, prior medication history was not made available. MTUS page 60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The 07/29/2014 report notes that the patient continues to be stable in her current medication regimen. In this case, the treater has

noted some benefit with tizanidine use. The request for Tizanidine 4mg, #30 with 1 refill is medically necessary.

**Savella 50mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-FDA label purpose Page(s): 7-8. Decision based on Non-MTUS Citation Savella FDA-Food and Drug Administration: [www.accessdata.fda.gov/drugsatfda....labe...](http://www.accessdata.fda.gov/drugsatfda....labe...)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Milnacipran (Savella)

**Decision rationale:** This patient presents with lower back pain and lower extremity pain. The treater is requesting Savella 50 mg, quantity 60 with 1 refill. The MTUS and ACOEM Guidelines do not address this request. However, ODG under milnacipran (Savella) states that it is currently under study as a treatment for fibromyalgia syndrome. An FDA phase 3 study demonstrated "significant therapeutic effects" of milnacipran for treatment of fibromyalgia syndrome. ODG further states, as there is little to no evidence that the cause of fibromyalgia is related to industrial injuries, the use of Savella should be restricted to documented cases of fibromyalgia as part of an appropriate treatment plan. In this case, the records show that the patient was prescribed Savella on 03/11/2014. The treater does not specifically mention how this medication has been helpful and there is no diagnosis of fibromyalgia. The request for Savella 50mg is not medically necessary.

**Senna 8.6mg, #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment of constipation Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** This patient presents with lower back pain and lower extremity pain. The treater is requesting Senna 8.6 mg, quantity 60 with 1 refill. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. The records show that the patient has been using Senna since 03/11/2014. The patient is currently taking Roxycodone 15 mg. In this case, MTUS does allow the prophylactic treatment of constipation when opiates are prescribed. The request for Senna 8.6mg, #60 with 1 refill is medically necessary.

**Kondremul liquid #3, 1 bottle with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Prophylactic treatment for constipation Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** This patient presents with lower back pain and lower extremity pain. The treater is requesting Kondremul liquid, a laxative. The MTUS Guidelines page 77 on initiating therapy for opiate use states that the prophylactic treatment of constipation should be initiated when opioids are prescribed. The records show that the patient was prescribed Kondremul on 03/11/2014. In this case, MTUS does allow the prophylactic treatment of constipation when opioids are prescribed. The request for Kondremul liquid #3, 1 bottle with 1 refill is medically necessary.