

<b>Case Number:</b>	CM14-0177551		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a male patient with a date of injury of August 5, 2003. A utilization review determination dated October 16, 2014 recommends non-certification of MS IR 15 mg #90 with modification to #58, MS Contin 30 mg #90 with modification to #58, Savella 50 mg #180, and Lyrica 150 mg #180 with modification to #60. A progress note dated September 30, 2014 identifies subjective complaints of a recent "block" in the neck that relieved pain for less than 24 hours, and a physician is requesting removal of hardware of the cervical spine. The patient complains of low back pain and bilateral lower extremity numbness, tingling, and pain to the feet that has increased. The patient continues to have neck pain with radiating symptoms of numbness and pain to both of his hands. The patient reports that without pain medications his pain level is a 8/10 and with medications his pain is a 5/10. The patient reports that the medications allow improvement in function, specifically described as increasing his activity level and ability to perform daily activities with less pain. Physical examination identifies and antalgic gait, the patient utilizes a single point cane with ambulation, decreased range of motion of lumbar spine, increased pain with extension of the lumbar spine, and sensation is decreased bilaterally in the L5 and S1 dermatomes and on the right in the L3 and L4 dermatomes. A CURES report obtained on September 30, 2014 is reported as being consistent, and a urine toxicology screening obtained on July 8, 2014 is consistent. The diagnoses include status post L4-S1 anterior fusion with pseudoarthrosis at L5-S1, chronic pain due to lumbar fusion, history of alcoholism, and low testosterone level. The treatment plan recommends proceeding with spinal cord stimulator trial pre-psychological evaluation, naproxen 550 mg #60, omeprazole 20 mg #60, MSI are 15 mg #90, MS Contin 30 mg #90, Soma 350 mg #30, Savella 50 mg #180 with 3 refills, and Lyrica 150 mg #180 with 3 refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MS IR 15mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for MSIR 15mg #90, California Pain Medical Treatment Guidelines state that MSIR is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested MSIR 15mg #90 is medically necessary.

**MS Contin 30mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for MS Contin (Morphine Sulfate ER) 30mg #90, California Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, there is documentation regarding side effects, and there is discussion regarding aberrant use. As such, the currently requested MS Contin (Morphine Sulfate ER) 30mg #90 is medically necessary.

**Savella 50mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Milnacipran Savella

**Decision rationale:** Regarding the request for Savella 50mg #180, Chronic Pain Treatment Guidelines state that antidepressants are first line options for chronic pain. ODG states that Savella is under study as a treatment for fibromyalgia syndrome. An FDA Phase III study demonstrated "significant therapeutic effects" of milnacipran for treatment of fibromyalgia syndrome. Milnacipran has been approved for the treatment of depression outside of the U.S. and is a dual serotonin- and norepinephrine-reuptake inhibitor (SNRI). The guidelines go on to state that, 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. Within the documentation available for review, there is no indication that the patient has the diagnosis of fibromyalgia. As such, the currently requested Savella 50mg #180 is not medically necessary.

**Lyrica 150mg #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 16-21 of 127.

**Decision rationale:** Regarding request for pregabalin (Lyrica) 150mg #180, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is identification of analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and there is documentation of specific objective functional improvement. As such, the currently requested pregabalin (Lyrica) 150mg #180 is medically necessary.