

<b>Case Number:</b>	CM14-0210896		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/11/2000
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 was a 53 year old female, who was injured on the job, October 11, 2000. The injured worker suffers for back pain radiating down the backs of both legs. According to the progress note of November 17, 2014, the injured workers pain has decreased since last visit. The injured worker rates pain at a 6 out of 10 with medication and 8 out of 10 without medications; 1 being the least pain and 10 being the worse pain. The injured worker was diagnosed with whole body myofascial pain syndrome, chronic lumbar sprain with discopathy at L-S1 annular tear, chronic cervical strain and myofascial headache syndrome. The Butran patches decrease pain and increase functional status, The Lyrica helps diffuse generalized all over body, joint, and muscle pain. The Savella helps with migraine syndrome. The Lidoderm patch was for the focal back pain, for intermittent localized pain relief, to assist with pain relief during physical activities and daily chores. The Seroquel XL and Wellbutrin XL assist with mood secondary to chronic pain. The injured worker was stable on the medication regimen. The injured worker states, one day without my medications the injured worker was in the emergency department for assistance. The injured worker was taking medications as prescribed. The injured worker continues to have pain symptoms continuously, but alleviated somewhat by current medications with an improved quality of life. The documentation submitted for review was limited to one complete progress note, dated November 17, 2014. The progress note of March 4, 2013, did provided a medication list showing the only that showed the changes in medications; Vicodin was no longer being taken by the injured worker and Butran patches were added sometime between March 4, 2014 and November 17, 2014. On December 5, 2014, the UR denied authorization for Lidoderm patches,

Savella, Seroquel, Wellbutrin and outpatient for chronic lumbar and cervical pain. The denial for the lidocaine patches medical necessity had not been established. The denial for Savella, Wellbutrin, and Seroquel were based on non-compensable conditions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lidoderm 5% patches, QTY: 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine; topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm patches

**Decision rationale:** The patient presents with lower back pain rated 6/10 which radiates down bilateral lower extremities. Patient is status post bilateral lumbar ESI at the L5 level on 03/27/12. The request is for LIDODERM 5% PATCH, 1 PATCHES TO SKIN Q DAY 12 HOURS ON AND 12 HOURS OFF QTY: 60. Physical examination dated 11/17/14 reveals tenderness to palpation and reduced range of motion of the cervical spine, pain on palpation to the bilateral lumbar paraspinal muscles with associated hypertonicity, negative straight leg test bilaterally. The patient is currently prescribed Savella, Seroquel, Wellbutrin, Lidoderm patch, Lyrica, Butrans, Lisinopril, Pramipexole, Lipitor, and Metoprolol. Diagnostic imaging included MRI of the lumbar spine, dated 01/11/2011, significant findings include: "5mm broad based and right paracentral disc protrusion at the L5-S1 level with disc bulging and facet joint hypertrophy causing significant bilateral neural foraminal narrowing, prominent bilateral lateral recess narrowing... degenerative disc changes at the L4-L5 level combined with facet joint hypertrophy..." Patient is not currently working, is classified P&S. MTUS Chronic Pain Medical Treatment guidelines, page 57 states: "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy - tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica." Page 112 also states, "Lidocaine indication: neuropathic pain, recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documented for pain and function. In regards to the request for additional Lidoderm patches for the management of this patient's chronic intractable pain, the patient does not present with peripheral and localized neuropathic pain. The patient has low back pain with radiating leg symptoms. This is not a localized neuropathic pain amenable to topical Lidocaine patches. These patches are not indicated for low back pain or axial chronic pain. The request IS NOT medically necessary.

#### **Savella 50 mg, QTY: 60.00: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Milnacipran

**Decision rationale:** The patient presents with lower back pain rated 6/10 which radiates down bilateral lower extremities. Patient is status post bilateral lumbar ESI at the L5 level on 03/27/12. The request is for SAVELLA 50 MG, 1 TABLET TWICE DAILY QTY: 60. Physical examination dated 11/17/14 reveals tenderness to palpation and reduced range of motion of the cervical spine, pain on palpation to the bilateral lumbar paraspinal muscles with associated hypertonicity, negative straight leg test bilaterally. The patient is currently prescribed Savella, Seroquel, Wellbutrin, Lidoderm patch, Lyrica, Butrans, Lisinopril, Pramipexole, Lipitor, and Metoprolol. Diagnostic imaging included MRI of the lumbar spine, dated 01/11/2011, significant findings include: "5mm broad based and right paracentral disc protrusion at the L5-S1 level with disc bulging and facet joint hypertrophy causing significant bilateral neural foraminal narrowing, prominent bilateral lateral recess narrowing... degenerative disc changes at the L4-L5 level combined with facet joint hypertrophy..." Patient is not currently working, is classified P&S. Regarding Milnacipran -Savella-, ODG states FDA has now approved Milnacipran for the management of fibromyalgia. 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 regards to the request for Savella for the management of this patient's fibromyalgia, the request appears reasonable. ODG guidelines indicate that Savella is an appropriate medication in those patients who possess a formal diagnosis of fibromyalgia as part of an appropriate treatment plan. This patient has a formal diagnosis of whole body myofascial pain syndrome, and progress note 11/17/14 also documents pain decrease from 8/10 to 6/10 attributed to this and other medications. Therefore, this request IS medically necessary.

**Seroquel XR 300 mg, QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation mental/stress illness chapter, atypical antipsychotics

**Decision rationale:** The patient presents with lower back pain rated 6/10 which radiates down bilateral lower extremities. Patient is status post bilateral lumbar ESI at the L5 level on 03/27/12. The request is for SEROQUEL XR 300MG, 1 TABLET QTY: 30. Physical examination dated 11/17/14 reveals tenderness to palpation and reduced range of motion of the cervical spine, pain on palpation to the bilateral lumbar paraspinal muscles with associated hypertonicity, negative straight leg test bilaterally. The patient is currently prescribed Savella, Seroquel, Wellbutrin, Lidoderm patch, Lyrica, Butrans, Lisinopril, Pramipexole, Lipitor, and Metoprolol. Diagnostic imaging included MRI of the lumbar spine, dated 01/11/2011, significant findings include: "5mm broad based and right paracentral disc protrusion at the L5-S1 level with disc bulging and facet joint hypertrophy causing significant bilateral neural foraminal narrowing, prominent bilateral lateral recess narrowing... degenerative disc changes at the L4-L5 level combined with

facet joint hypertrophy..." Patient is not currently working, is classified P&S. Regarding atypical antipsychotics, ODG mental illness chapter states there is insufficient evidence to recommend - olanzapine, quetiapine, risperidone, ziprasidone, aripiperazole - for the treatment of PTSD. ODG does not recommend them as a first-line treatment. Adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. The meta-analysis also shows that the benefits of antipsychotics in terms of quality of life and improved functioning are small to nonexistent, and there is abundant evidence of potential treatment-related harm. The authors said that it is not certain that these drugs have a favorable benefit-to-risk profile. Clinicians should be very careful in using these medications. The American Psychiatric Association -APA- has released a list of specific uses of common antipsychotic medications that are potentially unnecessary and sometimes harmful. Antipsychotic drugs should not be first-line treatment to treat behavioral problems. In regards to the request for Seroquel, the treater has not substantiated that such a medication is appropriate for further use. While this patient presents with significant pain and anxiousness secondary to her lumbar complaints, there is no discussion as to why an atypical antipsychotic medication - in conjunction with Narcotic analgesics and anti-depressants - is necessary. Furthermore, ODG guidelines indicate that such medications offer few benefits and uncertain benefit-to-risk profiles. Therefore, this request IS NOT medically necessary.

**Wellbutrin XI 150 mg, QTY: 30.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs;Bupropion Page(s): 16-20.

**Decision rationale:** The patient presents with lower back pain rated 6/10 which radiates down bilateral lower extremities. Patient is status post bilateral lumbar ESI at the L5 level on 03/27/12. The request is for WELLBUTRIN XL 150MG, 1 TABLET DAILY QTY: 30. Physical examination dated 11/17/14 reveals tenderness to palpation and reduced range of motion of the cervical spine, pain on palpation to the bilateral lumbar paraspinal muscles with associated hypertonicity, negative straight leg test bilaterally. The patient is currently prescribed Savella, Seroquel, Wellbutrin, Lidoderm patch, Lyrica, Butrans, Lisinopril, Pramipexole, Lipitor, and Metoprolol. Diagnostic imaging included MRI of the lumbar spine, dated 01/11/2011, significant findings include: "5mm broad based and right paracentral disc protrusion at the L5-S1 level with disc bulging and facet joint hypertrophy causing significant bilateral neural foraminal narrowing, prominent bilateral lateral recess narrowing... degenerative disc changes at the L4-L5 level combined with facet joint hypertrophy..." Patient is not currently working, is classified P&S. MTUS Chronic Pain Medical Treatment guidelines, page 16, for Bupropion states: "this is a second-generation non-tricyclic antidepressant - a noradrenaline and dopamine reuptake inhibitor- has been shown to be effective in relieving neuropathic pain." In regards to the request for continuing Wellbutrin, the request appears reasonable. This patient's chronic myofascial pain syndrome, consistent neuropathic pain, and anxiety and depression secondary to these conditions could see some relief through utilization of anti-depressant medication. Furthermore, MTUS

recommends that medications such as Wellbutrin are effective for the relief of neuropathic pain establishes good reason for continued utilization. Therefore, the request IS medically necessary.