

Case Number:	CM13-0010369		
Date Assigned:	11/08/2013	Date of Injury:	03/24/2000
Decision Date:	08/01/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/15/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Nevada. 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 injured worker is a 43 year old male who had a work related injury on 03/24/00. There is no documentation of mechanism of injury. The injured worker has been treated conservatively with medications and physical therapy and underwent surgery on 12/01/05 for an L5-S1 fusion and continued to complain of back discomfort. In 2007 the injured worker had a spinal cord stimulator trial with no relief and x-rays of his lumbar spine with flexion and extension showed post-surgical fusion with pedicle screws at the L5-S1 level. This was stable appearance without motion during flexion and extension. He had epidural steroid injections. Magnetic resonance image of his lumbar spine in 2006 showed status post posterior fusion and instrumentation at L5-S1 intermediate signal intensity soft tissue with infiltration surrounding the right S1 nerve root consistent with fibrosis. Mild broad based disc bulging at L5-S1 without thecal sac encroachment. Per the 07/23/13 progress note, the physical examination included lower back ache, left ankle pain, unchanged pain levels since last visit pain at a 6/10. Normal quality of sleep, no new injuries, increased activity level, and his medications were helpful to decrease pain. Objective findings including an antalgic slowed gait with the use of a cane, restricted lumbar range of motion, bilateral paralumbar muscle spasm, tenderness and tight muscle bands. Straight leg raise was positive on the right at 60 degrees and reflexes in the lower extremity were 1/4. Motor strength was slightly reduced. Sensation to light touch and pin prick was decreased over the right side in a patchy distribution over the elbow, forearm and 3rd and 5th digits. Medication regimen continued. The injured worker was to perform modified work duty. There was a prior utilization on 07/25/13 where there was a modification of the Valium for a weaning process and the non-certification of the Provigil. Current request is for Valium 5mg #90 and Provigil 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

VALIUM 5MG #90: 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 BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, BENZODIAZEPINES.

Decision rationale: The request for Valium 50 mg #90 is not medically necessary. The clinical documents submitted for review as well as current evidence based guidelines do not support the request. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There was a prior utilization on 07/25/13 where there was a modification of the Valium for a weaning process. Therefore, medical necessity has not been established.

PROVIGIL 200MG # 30: 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. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, MODAFINIL (PROVIGIL).

Decision rationale: The request for Provigil 200 mg #30 is not medically necessary. The current evidence based guidelines as well as the clinical documentation does not support the request. Not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. As such, medical necessity has not been established.