MAXIMUS Federal Services

Case Number:	CM13-0033083		
Date Assigned:	12/06/2013	Date of Injury:	05/26/2005
Decision Date:	05/07/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/17/2013

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 Occupational 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:

The applicant is a represented [redacted] Sheriff's Department employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 26, 2005. Thus far, the applicant has been treated with analgesic medications, attorney representation, long and short-acting opioids, muscle relaxants, lumbar fusion surgery and extensive periods of time off of work. In a utilization review report of October 3, 2013, the claims administrator denied request for Nuvigil, Neurontin, Soma, Zanaflex, Zofran, Senna, Nucynta, Percocet, Adderall, Ambien, Celebrex, and Viibryd, stating that the attending provider did not furnish evidence that these medications have been beneficial. The claims administrator cited a variety of non-MTUS Guidelines to support many of its denials. In a progress note of August 16, 2013, the applicant was described as having chronic low back pain, myofascial pain, poor sleep hygiene, and chronic neck pain with associated headaches. The applicant was given renewals of Nuvigil, Neurontin, Soma, Zofran, Senna, Nucynta, Percocet, Adderall, Ambien, Celebrex, and Viibryd. Cymbalta was reportedly ceased owing to ineffectiveness. It was stated that Nuvigil was being employed to combat sedation associated with other medications. In a note dated May 8, 2013, the applicant was described as off of work, on total temporary disability. In a progress note of May 31, 2013, the applicant was described as having ongoing issues with multifocal pain. The applicant was reportedly considering further spine surgery. Medications were again renewed. In a February 5, 2013 progress note, the applicant is described as having issues with social stressors. Her ability to perform activities of daily living and daily chores are still described as significantly limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 250MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Nuvigil Medication Guide.

Decision rationale: The California MTUS does not address the topic of Nuvigil. As noted by the Food and Drug Administration (FDA), Nuvigil is indicated to improve wakefulness in individuals with sleepiness owing to narcolepsy, obstructive sleep apnea, and/or shift work disorder. In this case, however, there is no evidence that the applicant carries any of the aforementioned diagnoses. Rather, it appears that the applicant's sedation is a function of usage of other medications, including numerous analgesic and adjuvant medications. This is not an improved indication for Nuvigil, per the FDA. Therefore, the request is not certified.

NEURONTIN 600MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

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

Decision rationale: As noted on page 19 of the California MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the attending provider to enquire of the applicant the presence of appropriate improvement in terms of pain relief and function with ongoing Neurontin usage. In this case, however, there has been no evidence of appropriate pain relief and/or improvement in function affected as a result of ongoing Neurontin usage. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various oral medications and is, furthermore, now contemplating spine surgery. All of the above, taken together, imply that ongoing usage of Neurontin has been ineffectual. Therefore, the request is not certified.

SOMA #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: As noted on page 29 of the California MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is using numerous opioid and non-opioid analgesic and adjuvant medications. The addition of Carisoprodol or Soma to the mix is not recommended. Therefore, the request is not certified.

ZANAFLEX 4MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: While page 66 of the California MTUS Chronic Pain Medical Treatment Guidelines does tepidly support off-label usage of Tizanidine or Zanaflex in the management of low back pain, in this case, as with the other medications, the applicant has failed to affect any lasting benefit or functional improvement through ongoing Zanaflex usage. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various medications and other forms of medical treatment. All of the above, taken together, imply that ongoing Zanaflex usage has not been successful in terms of parameters established in MTUS 9792.20f. Therefore, the request is not certified, on independent medical review.

ZOFRAN 8MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ondansetron Medication Guide.

Decision rationale: The California MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Ondansetron or Zofran is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and/or surgery. In this case, however, there is no evidence that the applicant had had any recent surgery as of the date of the request. There is no evidence that the applicant underwent radiation therapy or chemotherapy. No clear rationale for usage of Zofran was proffered by the attending provider. Therefore, the request is not certified.

SENOKOT S #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids..

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

Decision rationale: As noted on page 77 of the California MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioid agents. In this case, the applicant is using numerous opioid agents. Employing Senna to combat opioid-induced constipation was indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified.

NUCYNTA ER 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has failed to meet these criteria despite ongoing usage of Nucynta, an opioid. The applicant is off of work. The applicant's pain complaints are seemingly heightened from visit to visit as opposed to reduced. The applicant's ability to perform activities of daily living is likewise markedly limited, per the attending provider. Continuing opioid therapy is not indicated in this context. Therefore, the request is not certified, on independent medical review.

PERCOCET 10/325MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As with the request for Nucynta, the applicant fails to meet criteria set forth on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines for continuation of Percocet, an opioid. The applicant is off of work. The applicant's pain complaints are seemingly heightened from visit to visit as opposed to reduced, despite ongoing usage of Percocet. The applicant's ability to perform activities of daily living remains significantly constrained, the attending provider has reported. For all of the stated reasons, then, the request remains not certified, on independent medical review.

ADDERALL 10MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs Website.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Adderall Medication Guide.

Decision rationale: The California MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Adderall is a medication used to treat attention deficit hyperactivity disorder. In this case, however, the attending provider has seemingly introduced Adderall to combat medication-induced sedation. This is not an approved indication for Adderall, per the FDA. Therefore, the request is not certified, on independent medical review.

AMBIEN CR 12.5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Zolpidem.

Decision rationale: The California MTUS does not specifically address the topic. As noted in the ODG Chronic Pain Chapter Zolpidem topic, Zolpidem or Ambien is indicated in the short-term treatment of insomnia, typically on the order of two to six weeks. It is not indicated for chronic, long-term, and/or scheduled use purposes for which it is being proposed here. Therefore, the request is not certified, on independent medical review.

CELEBREX 200MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, COX-2 inhibitors such as Celebrex are not indicated in the majority of applicants and should be reserved for those individuals with some issues with GI side effects associated with conventional NSAIDs. In this case, however, the highly templated information on file does not establish the presence of GI dysfunction or dyspepsia with conventional NSAIDs. Therefore, the request for Celebrex is not certified, on independent medical review.

VIIBRYD 20MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While page 402 of the MTUS-adopted ACOEM Guidelines in Chapter 15 does acknowledge that it takes weeks for antidepressants to exert their maximal effect, in this case, however, the applicant has seemingly been using Viibryd, an antidepressant medication for months. There has been no demonstration of any favorable outcome despite ongoing usage of the same. The applicant is off of work. The applicant continues to report issues with sleep disturbance, mood disturbance, emotional disturbance, etc., from visit to visit, implying that ongoing usage of Viibryd has not been successful. Therefore, the request is likewise not certified, on independent medical review.