

Case Number:	CM13-0039465		
Date Assigned:	12/18/2013	Date of Injury:	10/23/2000
Decision Date:	04/18/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/28/2013

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 Management and is licensed to practice in Georgia. 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 claimant is a 65 year old male presenting with low back pain, perineal and lower extremity pain following a work related injury on 10/23/2000. The claimant received neuromodulation via spinal cord stimulation and intrathecal opioids. The claimant complained of pain from the waist all the way down to his feet. The claimant reported the pump and stimulator provided 80% improvement in painful symptoms, and allowed him to be independent in activities of daily living. The claimant's medications include intrathecal Fentanyl, and Clonidine, Dilaudid 8mg #180 and Nuvigil 150mg #30. The claimant was diagnosed with intractable pain of the low back and lower extremities and implanted epidural spinal stimulation system with recent change in analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF DILAUDID 8MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79.

Decision rationale: One prescription for Dilaudid 8 mg #180 is not medically necessary. Ca MTUS guidelines on chronic pain medical treatment, Page 12 states that Morphine greater than 120 mg per day or equivalent doses of opioids is not indicated for non-malignant chronic pain. The claimant has chronic non-malignant spinal pain. The current dose of Dilaudid 8 mg 6 times per day far exceeds the recommended equivalent dose of 120mg of Morphine per day. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with current opioid therapy. The claimant has long-term use with opioid medication and there was a lack of improved function or return to work; therefore the requested medication is not medically necessary.

ONE PRESCRIPTION OF NUVIGIL 150MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COMPLEX REGIONAL PAIN SYNDROME Page(s): 32.

Decision rationale: Nuvigil is not medically necessary. Per Ca MTUS medications are recommended only as indicated below. Most medications have limited effectiveness. (Ribbers, 2003) (Quisel2, 2005) 1. Regional inflammatory reaction: Commonly used drugs are NSAIDs, corticosteroids and free-radical scavengers. There is some evidence of efficacy for topical DMSO cream, IV bisphosphonates and limited courses of oral corticosteroids. Corticosteroids are most effective when positive response is obtained with sympathetic blocks. NSAIDs are recommended but no trials have shown effectiveness in CRPS-I, and they are Chronic Pain Medical Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 38 of 127 recommended primarily in early or very late stages. (Stanton-Hicks, 2004) (Sharma, 2006) 2. Stimulus-independent pain: The use of antidepressants, anticonvulsants, and opioids has been primarily extrapolated based on use for other neuropathic pain disorders. (See Antidepressants for chronic pain; Anticonvulsants for chronic pain; & Opioids for neuropathic pain.) Mexiletine, lidocaine patches and capsaicin are used but efficacy is not convincing. For central inhibition opiates, gabapentin, TCAs, GABA-enhancing drugs, and clonidine may be useful. 3. Stimulus-evoked pain: treatment is aimed at central sensitization. With NMDA receptor antagonists (ketamine and amantadine) convincing controlled trials are lacking, and these drugs are known for their side effects. 4. Sympathetically maintained pain (SMP): $\hat{I}\pm 1$ adrenoceptor blocking agents (terazosin, prazosin, and phenoxybenzamine) have been shown to be effective in a case report. (Ghostine, 1984) Sympathetic suppressors such as guanethidine, reserpine, droperidol, or atropine (in general or IV block) have shown low effectiveness. (Perez, 2001) (Quisel2, 2005) Phentolamine (IV) has been used as an alternative to determine responsiveness to $\hat{I}\pm 1$ adrenoceptor blocking agents. See also sympathetically maintained pain (SMP). 5. Treatment of bone resorption with bisphosphonate-type compounds and calcitonin. Significant improvement has been found in limited studies of intravenous clodronate and

intravenous alendronate. Alendronate (Fosamax®) given in oral doses of 40 mg a day (over an 8 week period) produced improvements in pain, pressure tolerance and joint mobility. (Manicourt DH, 2004) Mixed results have been found with intranasal calcitonin (Miacalcin®). (Sahin, 2005) (Appelboom, 2002) (Rowbathan, 2006) (Sharma, 2006). Nuvigil is not a recommended medication for claimant's chronic pain nor was he diagnosed with a sleep disorder; therefore the request is not medically necessary.