

<b>Case Number:</b>	CM13-0046948		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/08/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 patient is a 23-year-old female who reported an injury on 11/08/2012. The mechanism of injury was noted to be the patient was picking up sacks of sugar weighing approximately 50 pounds and felt pain in the back. The documentation submitted for review indicated the patient had low back pain radiating down both legs. The patient's VAS score on 09/14/2013 revealed the average pain during the prior week 9/10, the best pain 6/10, the worst pain 9/10, and tolerable goal was 4/10. The patient's current medications were noted to be Indocin ER 50 mg twice a day, Ultram ER 100 mg 1 to 2 times a day, Zanaflex 4 mg at bedtime, and the physician was starting the patient on Nuvigil 75 to 150 mg every morning. The patient was noted to have sedation from current medications and the patient indicated they felt it reduced her pain from 8-9/10 to 6-7/10. The CURES report was checked and noted to be okay. It was indicated the physician opined Nuvigil would improve the patient's daytime wakefulness since the medications are otherwise appearing to be helpful. The request was made for medication refills. The patient's diagnoses were noted to be lumbar degenerative disc disease with radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The requested treatment for Indocin (ER) extended release 75mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs Page(s): 67.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines indicate that NSAIDs are an appropriate treatment for back pain after acetaminophen. They are recommended for short-term symptomatic relief and there should be documentation of an objective decrease in the VAS score and an objective decrease in function. The clinical documentation submitted for review indicated the patient had previously trialed NSAIDs, which were ineffective, and there was a lack of documentation indicating the patient had trialed acetaminophen. There was a lack of documentation of the patient's VAS score with the medications. There was a lack of documentation of an objective increase in function. Additionally, there was a lack of documentation indicating the duration the patient had been on the Indocin. The request as submitted failed to indicate a quantity of Indocin that was requested. Given the above, the request for Indocin ER 75mg is not medically necessary.

**The requested treatment for Ultram (ER) extended release 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, evidence the patient is being monitored for aberrant drug behavior and side effects. The earliest documentation failed to indicate the medications the patient was prescribed. The clinical documentation submitted for review indicated the patient's pain level; however, there was a lack of documentation of an objective decrease in the VAS score as there was no indication of the VAS score before the medication was taken as well as after the medication was taken. There was a lack of documentation of an objective increase in function. The patient was being monitored for aberrant drug behavior as there was a CURES report that was run and the medications were noted to be appropriate. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Ultram ER 100mg is not medically necessary

**The requested treatment for Zanaflex 4mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines indicate that muscle relaxants are prescribed as a second line option for short-term treatment of acute low back pain and are

indicated for less than 3 weeks of duration. There should be documentation of objective functional improvement with the medication. The clinical documentation submitted for review failed to indicate the duration the patient had been on the medication. Additionally, there was a lack of documentation indicating the objective functional improvement. There was a lack of documentation indicating the patient had trialed a first line therapy. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Zanaflex 4mg is not medically necessary.

**The requested treatment for Nuvigil 75-150mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (Pain Chapter).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Nuvigil.

**Decision rationale:** The Official Disability Guidelines do not recommend Nuvigil solely to counteract the sedative effects of narcotics. The clinical documentation submitted for review indicated the physician was prescribing the medication to counteract the effects of narcotic medication. The request as submitted failed to indicate the quantity of medication being requested and whether the request was for 75 mg or 150 mg. Given the above, and the lack of clarification, the request for Nuvigil 75-150mg is not medically necessary.