

<b>Case Number:</b>	CM13-0047064		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	09/20/2004
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Family Medicine and is licensed to practice in Utah. 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 patient is a 38 year-old male. The patient's date of injury is 9/20/2004. The mechanism of injury was described as constant heavy work carrying buckets throughout the day. The patient has been diagnosed with degenerative disc disease, lumbar radiculopathy and sciatica. The patient's treatments have included imaging studies, physical therapy, Chiropractors, injections and medications. The physical exam findings, dated March 2, 2011 show the patient is in moderate pain, with an antalgic gait. His lumbar spine exam shows a decrease of lordosis in the lumbar spine, with tenderness in the paravertebral muscles. the straight leg test is noted as positive on the right side. Tender trigger points were noted over the L4-L5 paraspinal muscles. The patient's medications have included, but are not limited to, Provigil, Viagra, Colase, Senna, Ambien, Trazodone, Oxycontin, Norco, and Gabapentin. The direct outcomes of the medications requested is not clear in the clinical documents, it is only stated that patient is doing well on medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROVIGIL 200MG #30 WITH 5 REFILLS:** 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate.com, Modafinil: Drug information.

**Decision rationale:** MTUS treatment guidelines do not specifically mention Provigil, other guidelines were used in regards to this specific case, and the clinical documents were reviewed. The request is for Provigil 200mg #30 with 5 refills. The clinical documents do not state the reason for this medication as prescribed. According to guidelines Provigil is indicated: For the treatment of narcolepsy and obstructive sleep apnea/hypopnea syndrome, administer dose in the morning. For the treatment of shift work sleep disorder, administer dose ~1 hour prior to start of work shift. According to the clinical documents there is no diagnosis to support the use of this medication. According to the clinical documentation provided and current MTUS guidelines; Provigil 200mg #30 with 5 refills is not indicated as a medical necessity to the patient at this time.

**SENNA 8.6MG #60 WITH 5 REFILLS:** 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate.com, Senna: Drug information.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Senna 8.6mg #60 with 5 refills. Guidelines state the following: Senna is a stool softener used to evacuate the bowel. There is lack of documentation that states the patient has had difficulty with evacuation of bowel or with constipation. There is also lack of documentation about the concomitant use of opioids with bowel function. Due to lack of documentation and according to the clinical documentation provided and current MTUS guidelines; Senna 8.6mg #60 with 5 refills is not indicated as a medical necessity to the patient at this time.

**NORCO 10/325 #180:** 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 . Opioids, criteria for use Page(s): 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Norco the patient was taking previously, and what the results/outcome of taking that medication were. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single

pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated a medical necessity to the patient at this time.

**GABAPENTIN 600MG #60 WITH 5 REFILLS:** 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 Page(s): 16, 49.

**Decision rationale:** MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. According to the above cited guidelines, most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy. To determine a good outcome, a good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. It has been reported that a 30% reduction in pain is clinically important to patients and a lack of response of this magnitude may be the trigger for the following: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. There has been no documented improvement in pain or in function with the previous course of Neurontin. At this time, Neurontin is not a medical necessity for this patient.

**VIAGRA 100MG #10 WITH 5 REFILLS:** 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 Other Medical Treatment Guideline or Medical Evidence: Uptodate.com, Sildenafil: Drug information.

**Decision rationale:** Treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Viagra 100mg #10 with 5 refills. Treatment guidelines state the following: Indicated for Erectile Dysfunction. The clinical documents lack documentation that states the patient has a diagnosis of erectile dysfunction and

evaluation for erectile dysfunction. According to the clinical documentation provided and current guidelines; Viagra 100mg #10 with 5 refills is not indicated as a medical necessity to the patient at this time.