

<b>Case Number:</b>	CM13-0049736		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/20/1998
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 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 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 applicant is a state of [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic wrist pain, fibromyalgia, low back pain, and multifocal pain reportedly associated with an industrial injury of May 20, 1998. Thus far, the applicant has been treated with analgesic medications, adjuvant medications, unspecified amounts of chiropractic manipulative therapy, attorney representation, and extensive periods of time off of work. In a utilization review report of October 23, 2013, the claims administrator denied a request for Nuvigil, approved her request of Lyrica, denied a request for Cymbalta, partially certified a request for Ativan, and denied a request is chiropractic manipulative therapy. The applicant's attorney later appealed. An earlier clinical progress note of September 10, 2013, is notable for comments that the applicant reports multifocal chronic pain, fatigue, and difficulty sleeping, including pain about the neck, shoulder, upper arms, wrist, hands, low back, and ankles. Multiple tender points are noted. The applicant is asked to continue multiple medications, pursue massage therapy, pursue manipulative therapy, and remain off of work, on total temporary disability, until the next visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA website

**Decision rationale:** The California MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Nuvigil is a prescription medication used to improve wakefulness in those individuals who are sleepy due to the following diagnosed sleep disorders: Narcolepsy, obstructive sleep apnea, and shift work disorder. In this case, however, there is no evidence that the applicant carries any of the above diagnoses. The applicant is off of work, making a sleep work disorder unlikely. There is likewise no evidence of confirmed narcolepsy or obstructive sleep apnea for usage of Provigil would be indicated. Therefore, the request is not certified.

**Cymbalta 60mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine Page(s): 43.

**Decision rationale:** While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of Cymbalta as a first-line treatment for neuropathic pain, in this case, as with the numerous other analgesic medications, the applicant has failed to demonstrate any lasting benefit or functional improvement through prior usage of Cymbalta. The applicant remains off of work, on total temporary disability, and remains highly reliant on various medication treatments, including medications, massage therapy, manipulative therapy, etc. Continued usage of Cymbalta is not indicated in this context. Therefore, the request is not certified.

**Ativan 0.5mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepine such as Ativan are not recommended for chronic or long-term use purposes owing to issues related to dependence, tolerance, and lack of efficacy on long-term basis. In this case, the attending provider has not proffered any applicant specific rationale so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is not certified.

**Chiropractic session qty: 24:** 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 Manual Therapy & Manipulation Page(s): 58.

**Decision rationale:** In this case, the applicant has had prior unspecified amounts of manipulative therapy and massage therapy over the life of the claim. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, one to two sessions of manipulative are endorsed in the event of recurrences and/or flares of chronic musculoskeletal pain in those applicants who demonstrate treatment success by achieving and/or maintaining successful return to work. In this case, however, the 24-session course of treatment being proposed by the attending provider represents treatment well in excess of that endorsed by the MTUS. It is further noted that the applicant has failed to achieve and/or maintain return to work despite having completed prior unspecified amounts of manipulative therapy and massage therapy. Continued manipulation and/or massage are not indicated in the face of the applicant's failure to return to any form of work. Therefore, the request is not certified.