

<b>Case Number:</b>	CM13-0050355		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	11/05/2000
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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 Internal Medicine & Pulmonary Diseases 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 injured worker is a 35-year-old male who reported an injury on 11/05/2000. The mechanism of injury information was not provided in the medical records. A review of the medical records reveals the injured worker's diagnoses include lumbosacral neuritis and intervertebral disc disorder. It was noted that the injured worker has received a right-side L5 injection, a medial branch block on the right at L4, and a right-sided L3 dorsal ramus nerve block. The injured worker reported 4 to 5 days of excellent relief following the previous injection on 04/19/2013. The injured worker underwent an L4-5 fusion in 03/2011. The Primary Treating Physician's Progress Report dated 11/01/2013 reports the injured worker continued to have complaints of low back pain and lumbar complaints. The injured worker was experiencing back stiffness, numbness in the right and left arm, and numbness in the right and left leg. The injured worker rates the condition as 6/10 on the VASD for severity. The injured worker described his pain as aching, burning, throbbing, and shooting down the right leg and hip, and spasming. Objective findings upon examination revealed gait and station examination showed mid-position without abnormalities. Inspection of the bones, joints, and muscles were unremarkable. Muscle strength for all groups tested were measured 5/5. Muscle strength was full and symmetric, and there was normal muscle tone without any atrophy or abnormal movements. The requested services include Exalgo 16 mg #60, Norco 10/325 mg #240, Nuvigil 250 mg #30, Inderal 20 mg #30, and Protonix 40 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EXALGO 16MG #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE FOR A THERAPEUTIC TRIAL OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID Page(s): 78-80.

**Decision rationale:** Per California MTUS Guidelines, it is stated that a therapeutic trial of opioids should not be started or initiated until there has been a failed attempted at a trial of non-opioid analgesics. There is no documentation in the medical record of any failure of the use of non-opioid analgesics. It is also noted there should be documented pain relief, increased functional status, and appropriate medication use with the requested medication. There is no documentation in the medical record of any significant decrease in the injured worker's complaints of pain, increase in the injured worker's functional status, or increased quality of life with the use of the requested medication. As criteria for continued use of the medication has not been met per California MTUS Guidelines, the request for Exalgo 16 mg #60 is non-certified. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation

**NORCO 10/325MG #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

**Decision rationale:** Per California MTUS Guidelines, it is stated that a therapeutic trial of opioids should not be started or initiated until there has been a failed attempted at a trial of nonopioid analgesics. There is no documentation in the medical record of any failure of the use of nonopioid analgesics. It is also noted there should be documented pain relief, increased functional status, and appropriate medication use with the requested medication. There is no documentation in the medical record of any significant decrease in the injured worker's complaints of pain, increase in the injured worker's functional status, or increased quality of life with the use of the requested medication. As criteria for continued use of the medication has not been met per California MTUS Guidelines, the request for Norco 10/325 mg #240 is non-certified. While the requested medication does not meet medical necessity based on information presented, it is expected that the ordering provider will follow recommended medication guidelines for safe discontinuation

**NUVIGIL 250MG #30: Upheld**

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

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

**Decision rationale:** California MTUS/ACOEM does not address Nuvigil or modafinil. Official Disability Guidelines states that modafinil is not recommended solely to counteract sedation effects of narcotics. It is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. As there is no documentation in the medical record of the injured worker having a diagnosis of narcolepsy or any shift work sleep disorder, criteria for the requested medication has not been met per Official Disability Guidelines, and the request for Nuvigil 250 mg #30 is not medically necessary.

**INDERAL 20MG #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Www.Drugs.Com/ Inderal.Html](http://www.drugs.com/inderal.html)

**Decision rationale:** California MTUS/ACOEM and Official Disability Guidelines do not address Inderal or propranolol. Per [drugs.com](http://drugs.com), it is stated that the requested medication is a beta-blocker, and is used to treat tremors, angina, hypertension, heart rhythm disorders, and other heart or circulatory conditions. It is also used to treat or prevent heart attack, and to reduce severity and frequency of migraine headaches. Inderal is also only part of a complete program for treatment of hypertension, which would include a change in diet, exercise, and weight control. The clinical note dated 11/01/2013 reveals that the injured worker's blood pressure was 130/82, and the injured worker's blood pressure on the clinical visit dated 10/04/2013 reports the injured worker's blood pressure was 124/78. The documented blood pressures are slightly elevated; however, the injured worker does not have a significant medical history of any cardiac or circulatory conditions. There is also a lack of documentation in the medical record suggestive that the injured worker is participating in any type of complete program as recommended with the use of Inderal to include diet, exercise, and weight control. As such, the medical necessity for continued use of the medication cannot be deemed as medically necessary at this time. Therefore, the request for Inderal 20 mg #30 is not medically necessary.

**PROTONIX 40MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** Per California MTUS Guidelines, it is stated that it should be determined if an injured worker is at risk for gastrointestinal events prior to the administration of proton pump

inhibitors. As there is no documentation in the medical record of the injured worker having any signs or being at risk for gastrointestinal events such as being over the age of 55, any history of peptic ulcers, GI bleeds, or perforations; concurrent use of aspirins or corticosteroids or anticoagulants, the medical necessity for continued use of this medication cannot be determined at this time. Therefore, the request for Protonix 40 mg #30 is not medically necessary.