

Case Number:	CM13-0056933		
Date Assigned:	12/30/2013	Date of Injury:	10/22/1999
Decision Date:	04/03/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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 60-year-old male who reported an injury on 10/22/1999. The mechanism of injury information was not provided in the medical record. Review of the medical record revealed that the patient's diagnoses include left sacroiliac joint pain, lumbar postlaminectomy syndrome at L3-5 (ICD-9 code: 722.83), L3-4 radiculopathy with clinical weakness in the quadriceps muscles and ankle dorsiflexor muscles (ICD-9 code: 724.4), anemia, anxiety disorder, peptic ulcer, severe depression, lumbar disc displacement, lumbar degenerative disc disease (ICD-9 code: 722.52), status post lumbar fusion at L3-5, lumbar internal disc disruption syndrome and status post positive fluoroscopically-guided diagnostic left sacroiliac joint injection. The most recent clinical note dated 12/18/2013 revealed that the patient complained of bilateral lumbar back pain with radiation into his lower extremities and left buttock in a radicular pattern, primarily in the anterior thigh distribution, correlating with a clinical lower limb radiculopathy. The patient's pain is exacerbated by bending, lifting, twisting and prolonged sitting, standing and walking. The patient's medication regimen includes Fentanyl patch 50 mcg every 3 days, Norco 10/325 mg every 4 hours as needed for pain, nitroglycerine as needed, multivitamin, Lunesta, Soma 350 mg 1 tablet at bedtime as needed, lisinopril, Flector 1.3% patch to apply every 12 hours, Levitra as needed, Requip 0.25 mg daily and medical THC. Findings upon examination revealed lumbar and left sacroiliac joint range of motion were restricted by pain in all directions. There were noted lumbar spasms. Lumbar discogenic provocative maneuvers were positive, and the left sacroiliac joint provocative maneuvers were positive as well. Nerve root tension signs were negative bilaterally, except straight leg raise, which was positive bilaterally with radiculopathy symptoms in the bilateral buttocks in the L5 and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg #60: Upheld

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

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

Decision rationale: The California MTUS/ACOEM does not address the use of hypnotics or Lunesta. The Official Disability Guidelines state that nonbenzodiazepine sedative hypnotics are considered a first-line medication for insomnia. All of the benzodiazepine receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. The patient has been taking the requested medication, Lunesta, for the treatment of insomnia. The requested dosage exceeds that which is recommended per the Official Disability Guidelines. This reviewer is unsure if the requested service is for a 1 month supply of the medication, as it is not specified in the request. If the request is for a month supply, it exceeds that which is recommended by the Official Disability Guidelines. The recommended dosage would be 2 to 3 mg for sleep maintenance; and if the request is for a 1 month supply, that would suggest that the patient is currently taking 6 mg of Lunesta every night. As the request exceeds that which is recommended per the Official Disability Guidelines, the request for Lunesta 3 mg #60 is non-certified.

Modafinil 200 mg #60: Upheld

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

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

Decision rationale: The California MTUS/ACOEM does not address the use of modafinil, or Provigil. Per the Official Disability Guidelines, it is stated that modafinil is not recommended solely to counteract the sedation effects of narcotics until after first considering reducing the excessive narcotic prescribed. It is stated that Provigil, or modafinil, is used to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea or shift work sleep disorder. As there is no documentation in the medical records suggesting that the patient is suffering from either of the aforementioned conditions, the medical necessity for the continued use of the medication cannot be determined at this time. The recommended dosage of the modafinil is 200 mg a day; and the request is for modafinil 200 mg #60, which would indicate that the patient is taking the medication twice daily, which is not

recommended per the Official Disability Guidelines. As such, the requested modafinil 200 mg #60 is non-certified.