

<b>Case Number:</b>	CM13-0056994		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/17/1996
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	10/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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:

This is a 62-year old female with a date of injury of 9/17/96. Clinical details of the original mechanism of injury from 1996 are not disclosed in submitted reports. There is no summary of prior treatment and diagnostics from the date of injury. Currently, this patient is under the care of a Rheumatologist for chronic symptoms secondary to diagnoses of myalgia/myositis, Reynaud's syndrome and enthesopathy. The patient has ongoing total body pain, chronic fatigue and problems sleeping. She has ongoing stress. Multiple recent reports reflect the same exam findings of no new joint swelling, normal neurologic exam, no rheumatoid arthritis deformities, tenderness in the left hand and tightness in the back. The patient is on Cymbalta, Sentra AM, Sentrazolpidem, Cosamine, Lidoderm and recently Nuvigil was added for fatigue. This was submitted to Utilization Review on 10/03/13. Certification was recommended for Cymbalta, but non-certification was recommended for Cosamine, Lidoderm, Sentrazolpidem, Fexmid, and Sentra AM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg #30, one (1) tablet daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/nuvigil.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Armodafinil (Nuvigil), and the Physician's Desk Reference, online edition; Nuvigil.

**Decision rationale:** The Official Disability Guidelines do not support stimulants such as this drug solely to counteract the sedation effects of narcotics. The PDR notes that this drug is indicated to improve wakefulness in adults, with excessive sleepiness associated with obstructive sleep apnea, narcolepsy, or shift work disorder. This patient has none of these conditions. Medical necessity for Nuvigil is not established.

**Cosamine 500-400mg #90, one (1) tablet three (3) times daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** The Chronic Pain Guidelines support the use of this supplement for patients with moderate arthritis pain, especially for knee osteoarthritis. This patient has pain due to myalgia, Reynaud's, and enthesopathy. None of these conditions are arthritic conditions. There is no documentation of knee osteoarthritis. Medical necessity for Cosamine has not been established.

**Lidoderm 5% #30, apply patch daily:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**Decision rationale:** The Chronic Pain Guidelines support the use of Lidoderm in patients with neuropathic pain, with persistent symptoms despite a first line agent for neuropathic pain, and if a trial does not resolve or sufficiently relieve neuropathic symptoms. It is not recommended for non-neuropathic pain. This patient does not have neuropathic pain, and medical necessity for Lidoderm is not established.

**Sentrazolpidem, three (3) capsules at bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food, Insomnia treatment.

**Decision rationale:** Sentrazolpidem is Zolpidem compounded with Sentra, and is considered a medical food or complementary/alternative treatment. The MTUS/ACOEM Guidelines do not recommend Sentrazolpidem. The Official Disability Guidelines do not recommend medical foods, unless there is clear documentation of a true deficiency with medical necessity for supplementation of the documented deficiency. In addition, there is no clear medical necessity to compound a prescription medication with a supplement. This adds no further benefit than taking them separately. In addition, the guidelines only support short-term use of Zolpidem. Medical necessity for Sentrazolpidem is not established.

**Fexmid 7.5 mg, one (1) tablet twice a day:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The Chronic Pain Guidelines indicate that Cyclobenzaprine has been shown to produce a modest benefit in the treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were three (3) times more likely to report overall improvement and to report moderate reductions in individual symptoms (particularly sleep). While overall muscle relaxant recommendations are for short-term use, given the issues with fibromyalgia and poor sleep, I do recommend continued use at this time. Medical necessity is established for Fexmid.

**Sentra AM, two (2) capsules daily:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Medical food.

**Decision rationale:** Sentra is considered a medical food or complementary/alternative treatment, and not recommended by the MTUS/ACOEM. The Official Disability Guidelines do not recommend medical foods, unless there is clear documentation of a true deficiency with medical necessity for supplementation of the documented deficiency. There is no nutritional deficiency documented in this patient, and the supplement is prescribed not to correct a deficiency, but rather to treat symptoms. Medical necessity is not established for Sentra.