MAXIMUS Federal Services

Case Number:	CM13-0070805		
Date Assigned:	01/08/2014	Date of Injury:	04/17/1998
Decision Date:	04/14/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/23/2013

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 53 year old male presenting with chronic low back pain following a work related injury on 04/17/1998. The claimant is status post L4-S1 lumbar fusion on 8/2004. The claimant was prescribed Silenor, Zanaflex, Oxycodone, Oxycontin, Provigil and Viagra. The claimant reported increase levels of pain and poor sleep but the medications were working well. The claimants encounter on 12/02/2013 indicated his pain as 8/10 on the VAS. The physical exam was significant for limited range of motion in the lumbar spine with tenderness in the paravertebral musculature, weakness at the right ankle dorsiflexor, right knee extensor and right hip on flexion. There was loss of sensation over the lateral calf and anterior thigh in the right lower extremity. Achilles reflex was absent to the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Oxycodone HCL 15mg 1 qid prn #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 79.

Decision rationale: MED Oxycodone HCL 15mg 1 qid prn #120 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Page 79, states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Oxycontin 40mg #120 1 qid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids Page(s): 79.

Decision rationale: Oxycontin 40mg #120 1 QID is not medically necessary. Chronic Pain Medical Treatment Guidelines, Page 79, states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

Provigil 200mg daily prn #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), Online Version, Pain Chapter, Modafinil (Provigil)

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: Physician Desk Reference

Decision rationale: Provigil 200mg daily prn # 39 is not medically necessary. The current Physician Desk Reference does not recommend the use of Provigil as treatment for opioid induced somnolence. Provigil is indicated for narcolepsy, shift work sleep disorder, or restless leg syndrome. The claimant's medical records do not document these medical conditions; therefore, the requested medication is not medically necessary.

Zanaflex 4mg # 90: 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 Section on Anti-Spasmodics.

Decision rationale: Zanaflex 4mg #90 is not medically necessary. Tizanidine (ZanaflexÂ®, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007). The recommended dosing is 4mg with a max dose of 36 mg per day. The medical records indicate that the Zanaflex was prescribed for lumbar radiculopathy and lumbar degenerative disc disease. MTUS recommends short term use for myofascial pain or fibromyalgia; therefore, the claim is not medically necessary.

Silenor 6mg #30: 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 Section on Anti-depressants Page(s): 16.

Decision rationale: Silenor 6mg # 30 is name brand for Doxepin. Doxepin is a selective serotonin reuptake inhibitor (SSRI). Silenor is not medically necessary. SSRIs are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. (Finnerup, 2005) (Saarto-Cochrane, 2005) It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. (Namaka, 2004) More information is needed regarding the role of SSRIs and pain. Additionally, the PDR does not recommend the combined use of medications for the treatment of insomnia with medications such as Provigil; therefore the requested medication is not medically necessary.

Viagra 100mg prn: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viagra (2013) Physician's Desk Reference, 67th Edition, Montvale, NJ: PDR Network

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician Desk Reference

Decision rationale: Viagra 100mg PRN is not medically necessary. The PDR states that Viagra is indicated for treatment of erectile dysfunction. The claimant's medical records do not indicate a diagnosis of erectile dysfunction; therefore the requested medication is not medically necessary.