

<b>Case Number:</b>	CM14-0006705		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	02/14/2002
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 52 year old male employee with date of injury of 12/30/2013. A review of the medical records indicates that the patient is undergoing treatment for injury to the lumbar spine and right knee. He is status-post ACL reconstruction, meniscectomy and chondroplasty (4/2011). In March, 2012 he had hardware removal with 50% improvement in spinal pain and functional capacity. He suffers from right knee pain with posterior horn meniscal tear per MRI. He has disc herniation, lumbar spine status-post fusion at L5-S1 with resolution of lower extremity neuropathic pain and weakness. Subjective complaints include mild low back pain, knee pain, back stiffness, radicular pain in bilateral legs, and hip pain. Back pain will worsen upon extension and flexion and is described as aching and dull. His hip pain worsens on hip rotation. His knee pain is described as aching, pain with movement, stiff, sore and stabbing. The patient has pain along the medial compartment in the patellofemoral region. The patient gets relief from medication, physical therapy, and heat. Objective findings include "no apparent distress" but "patient has difficulty getting on and off exam table and getting in and out of chair." There is tenderness at the lumbrosacral area of the spine radiating in the right buttock and knee. Straight leg raise causes pain. Treatment has included physical therapy, diagnostic hardware injection at four screw heads on 8/2009 and the following medications: Ambien 10mg 1/day; Effexor 75mg 3/day; Inderal 20mg 1/day; Methadone 10mg 2/day; Naprosyn 500mg 2/day; Neurontin 600mg 6/day; Norco 10-325mg 6/day; Omeprazole 20mg 1/day; Zanaflex 4mg 2/day. The utilization review dated 12/30/2013 non-certified the request for the following: Methadone 10mg #90; Inderal 20mg #60; Nuvigil 250mg #30 with 3 refills and Ambien 10mg #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone 10mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

**Decision rationale:** Consider the following: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, or increased level of function. As such, the request for Methadone 10mg #90 is not medically necessary.

**Inderal 20mg #60: Upheld**

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

**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: [http://www.uptodate.com/contents/propranolol-drug-information?source=search\\_result&search=inderal+la+generic&selectedTitle=1%7E150](http://www.uptodate.com/contents/propranolol-drug-information?source=search_result&search=inderal+la+generic&selectedTitle=1%7E150).

**Decision rationale:** UptoDate states that Inderal can be utilized to treat hypertension, hypertrophic subaortic stenosis, migraine headache prophylaxis, pheochromocytoma, Post-MI mortality reduction, stable angina, tachyarrhythmias, thyroid storm (unlabeled use) and variceal hemorrhage prophylaxis (unlabeled use). Inderal is most commonly prescribed to treat hypertension. The treating physician did not document how any of these diagnoses would relate to his industrial injury. As such, the request for Inderal 20mg #60 is not medically necessary.

**Nuvigil 250mg #30 with 3 refills: Upheld**

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

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

**Decision rationale:** ODG states, "Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and Modafinil. For more information see also Modafinil (Provigil) where it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug". The treating physician has not documented evidence of narcolepsy, sleep disorder due to shift work, or restless leg syndrome. It is not appropriate to utilize to counteract the sedative effects of opioid medications. As such, the request for Nuvigil 250mg #30 with 3 refills is not medically necessary.

**Ambien 10mg with 3 refills:** 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, Zolpidem (Ambien).

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

**Decision rationale:** The CA MTUS is silent regarding this topic. ODG states that Zolpidem (Ambien) is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states, "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. As such, the request for Ambien 10mg with 3 refills is not medically necessary.