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| Case Number: | CM14-0102049 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 03/22/1994 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Pain Management 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 claimant is a 60-year-old female with a reported history of industrial injury on March 22, 1994. The mechanism of injury has not been reported. The listed diagnoses are: hypertension, irritable bowel syndrome, gastroesophageal reflux disease (GERD), fibromyalgia, and depression. Reported treatment as per her mental health providers consists of Lexapro 150 mg once daily, Wellbutrin 150 mg once daily, Melatonin 5 mg, 1-2 tablets at night, and Lorazepam 1 mg at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200 mg 12 tablets daily #60: Upheld

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

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 American College of Occupational and Environmental Medicine guidelines and the California Chronic Pain Medical Treatment Guidelines are silent in regard to

this request, therefore the Official Disability Guidelines have been applied. According to the Official Disability Guidelines, Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or Diagnostic and Statistical Manual of Mental Disorders diagnostic classification prior to use of this medication. Based on the submitted clinical notes, documentation of any of the listed diagnosis for which the use of Provigil is indicated is absent. Medical necessity for the use of this medication has not been established. Therefore the request is not medically necessary.

Glucosamine 750mg 1 TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin sulfate) Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Glucosamine (and Chondroitin sulfate).

Decision rationale: The American College of Occupational and Environmental Medicine guidelines are silent in regard to this request, therefore the California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines have been applied. According to the cited guidelines, the use of glucosamine is recommended as an option (glucosamine sulfate only) for patients with moderate arthritis pain, especially for knee osteoarthritis. Upon review of the submitted clinical notes, documentation of a diagnosis of knee osteoarthritis is absent. Medical necessity for this request has not been established. The request is not medically necessary and appropriate.

Lorazepam 0.5mg 1 HS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Pain Chapter Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines are silent in regard to this request, therefore the California Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines have been applied. According to the cited guidelines, the use of long-term use of benzodiazepines is not recommended because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The following criteria need to be met: indications for use should be provided at the time of initial prescription and authorization after a one-month period should include the specific necessity for ongoing use as well as documentation

of efficacy. The injured worker does not meet these criteria. The only documented psychiatric diagnosis is depression and pain disorder. The submitted clinical notes document chronic use but documentation of efficacy is absent. Based on the submitted clinical notes, medical necessity for this request has not been established and therefore the request is not medically necessary.