MAXIMUS Federal Services

Case Number:	CM14-0022590		
Date Assigned:	05/07/2014	Date of Injury:	06/12/2002
Decision Date:	07/23/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/21/2014

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 Internal Medicine 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 injured worker is a 56 year old male who sustained an injury on 06/12/02 when he missed his footing falling headfirst into a pond. The injured worker sustained injuries to the right knee and wrist and left leg and left upper arm. The injured worker was also treated for associated psychological condition. Prior treatment included acupuncture and physical therapy and occupational therapy. The injured worker continually received psychological treatment since 2007. Surgical procedures included left wrist arthroscopy and knee arthroscopy in 2007 and 2011. The injured worker was sent to a functional restoration program it appeared that this was discontinued due to financial issues. The injured worker was seen on 01/08/14 with continuing complaints of pain and increasing anxiety and frustration. Prescribed medications at this evaluation included Butrans patch tramadol Tylenol 3 and Flector patches. There were multiple psychological medications being prescribed including Wellbutrin, Cymbalta, Modafinil, alprazolam, and Zolpidem. The injured worker was continuing to be with psychological therapy with [redacted]. Physical examination at this evaluation noted antalgic gait with decreased lumbar range of motion. The injured worker had noted anxious mood with slight agitation. The injured worker was recommended to continue with Butrans patch tramadol Tylenol 3 and Flector patches. The letter from report from [redacted] on 01/07/14 continued to recommend the injured worker to attend functional restoration program. There was an agreed medical evaluation on 02/24/14. The report indicated the injured worker had good motivation and attitude during the chronic pain program. The injured worker was recommended to continue with the program however this was not pursued due to finances. The injured worker continued to report persistent numbness and pain in the left upper extremity and swelling in the hands and wrists. The injured worker also described pain in the neck and in the low back. Pain continued in the right knee with associated swelling. The injured worker reported his pain as 8-9/10 on VAS. Medications at this

evaluation included Celebrex, tramadol, Tylenol 3, Provigil, Zolpidem, Wellbutrin, Cymbalta, Butrans patch, alprazolam, and injectable testosterone. Physical examination noted decreased range of motion in the neck left shoulder right wrist and lumbar spine. Crepitus was noted at the left at the right knee. There was sensory loss in right S1 L5-S1 distribution. Reflexes were 2+ and symmetric. Tinel sign was positive at the left elbow and bilateral wrists. Phalen signs were positive to the left. The requested Butrans patch 10mcg every seven days, Tylenol 3 30/300mg #90, Flector patch 1.3% #60, Zolpidem 10mg #25, alprazolam #.5mg #30, and Modafinil 200mg #30 were denied by utilization review on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10 MCG APPLY 1 PATCH EVERY 7 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 27-28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: In regards to the requested Butrans 10mcg patch, this reviewer would not have recommended certification for this medication. The injured worker recently completed a chronic pain management program in January of 2014. This was not conti\nued due to finances. From the minimal documentation obtained from that program there was no indication that any attempt at weaning from Butrans was considered. The remainder of the clinical evaluations available for review did not identify any substantial functional improvement or pain reduction with this medication that would have supported its ongoing use. Butrans patches can be considered an option for injured workers with chronic neuropathic or centrally mediated pain that has failed all other standard narcotics for pain control. Otherwise the use of Butrans is limited to detoxification due to opioid dependence. Given the lack of any clear indications for the continuing use of Butrans in this case the ongoing prescription for this medication would not be considered medically necessary.

TYLENOL NO.3 300/30MG 1 TABLET 3 TIMES DAILY #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Tylenol 3 300/30mg quantity 90, there is limited clinical information supporting the ongoing use of this medication. Overall the clinical records provided for review did not identify any substantial functional improvement or pain reduction obtained with the use of this medication. Tylenol 3 can be considered as an option in the treatment of moderate to severe pain however guidelines recommend that there be evidence

of functional improvement and pain reduction to support its ongoing use. Given the absence of any clear clinical indications for functional benefit and pain reduction obtained with the use of this medication this reviewer would not recommend medical necessity for the request.

FLECTOR PATCH 1.3% APPLY 1 PATCH TWICE PER DAY #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 46-48.

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

Decision rationale: In regards to the requested Flector patch 1.3% quantity 60, this medication can be considered an option in the treatment of musculoskeletal pain when standard oral anti-inflammatory are contraindicated or not well tolerated. From the clinical documentation submitted for review it is again noted that there is insufficient documentation regarding functional benefit or pain reduction obtained with the use of this medication to support its ongoing use. Given the lack of clinical documentation regarding functional benefits obtained with Flector patch this reviewer would not have recommended medical necessity for the request.

ZOLDIPEM 10 MG 1 TABLET EVERY NIGHT AT BEDTIME #25: 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) Pain Chapter, Zolpidem.

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.

Decision rationale: In regards to the use of Zolpidem 10mg quantity 25, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The use of Zolpidem to address insomnia is recommended for a short term duration no more than 6 weeks per current evidence based guidelines. Furthermore, the FDA has recommended that dosing of Zolpidem be reduced from 10mg to 5mg due to adverse effects. The clinical documentation submitted for review does not provide any indications that the use of Zolpidem has been effective in improving the claimant's overall functional condition. As such, this reviewer would not have recommended medical necessity for the request.

ALPRAZOLAM 0.5 MG 1 TABLET DAILY #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 22.

Decision rationale: In regards to the use of Alprazolam .5mg quantity 30, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would have supported its ongoing use. As such, this reviewer would not have recommended certification for continuing use of this medication.

MODAFINIL 200 MG 1 TABLET DAILY #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) Pain Chapter, Modafinil.

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, Modafinil.

Decision rationale: In regards to the request for Modafinil 200mg quantity 30, the clinical documentation submitted for review does not identify any indications for the use of this medication such as narcolepsy sleep shift work disorder or restless leg syndrome. These are the noted indications for this medication per the FDA. Guidelines do not recommend the use of Modafinil to counteract side effects from narcotics such as sedation. The clinical documentation also did not provide any clear rationale or indications for the use of this medication that would support its ongoing use. Therefore this reviewer would not recommend medical necessity at this time.