

<b>Case Number:</b>	CM14-0024932		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	01/25/1995
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine & 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 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 female who reported an injury on 01/25/1995. The mechanism of injury was not provided for review. The injured worker ultimately developed chronic pain syndrome and fibromyalgia. The injured worker's extensive treatment history included physical therapy, acupuncture, psychological support, multiple medications, and surgical intervention to include artificial disc placement and cervical fusion. The injured worker was evaluated on 01/07/2014 by the requesting provider. It was documented that the injured worker had severe intractable pain in combination with fibromyalgia that was reducing the injured worker's functional capacity. A request was made for an urgent psychiatric evaluation, an evaluation by a certified pain psychologist, and an evaluation by an endocrinologist. The injured worker was again evaluated on 01/28/2014. It was documented that the injured worker was currently taking Savella 50 mg twice a day, which the treating provider would increase to 200 per day. It was noted that the injured worker continued to experience significant pain throughout her entire body. Physical findings included Baker's cysts of the bilateral knees, right shoulder tenderness over the anterior aspect of the shoulder with well-preserved range of motion, and no evidence of impingement syndrome. A request was made for a home health provider, an orthopedic evaluation, trigger point injections, aquatic therapy, a TENS unit, and a refill of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5% day supply: 30 qty: 90 refills:01: Upheld**

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

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

**Decision rationale:** The requested lidocaine pad 5% day supply: 30 qty: 90 refills: 01 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the topical use of lidocaine patches for patients who have documented functional improvement and pain relief, and have failed a trial of oral anticonvulsants. The clinical documentation submitted for review does not identify that the patient has failed to respond to oral anticonvulsants and would benefit from a lidocaine patch. Additionally, there is no documentation that the patient has significant pain relief or functional improvement resulting from the use of this medication. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested lidocaine pad 5% day supply: 30 qty: 90 refills: 01 is not medically necessary or appropriate.

**Flector dis 1.3% day supply: 30 qty: 60 refills:01: Upheld**

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

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

**Decision rationale:** The requested Flector DIS 1.3% day supply: 30 qty: 60 refills: 01 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of topical nonsteroidal anti-inflammatory drugs unless oral formulations are contraindicated to the patient. The clinical documentation submitted for review does not provide any evidence that the patient is unable to take oral formulations of nonsteroidal anti-inflammatory drugs. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Flector DIS 1.3% day supply: 30 qty: 60 refills: 01 is not medically necessary or appropriate.

**Nuvigil tab 150mg day supply: 30 qty: 30 refills:01: 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, Provigil.

**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, Provigil.

**Decision rationale:** The requested Nuvigil tab 150mg day supply: 30 qty: 30 refills: 01 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend Nuvigil for patients with narcolepsy. This medication is not recommended to treat symptoms related to medication usage. The clinical documentation does not provide any evidence that the patient has narcolepsy and would benefit from the use of this medication. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Nuvigil tab 150mg day supply: 30 qty: 30 refills: 01 is not medically necessary or appropriate.

**Phillips cap colon day supply: 30 qty: 30 refills: 01: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** The requested Philips cap colon day supply: 30 qty: 30 refills: 01 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend prophylactic treatment of constipation with the use of narcotic medications. However, the clinical documentation does not provide any evidence that the patient is currently on narcotic medications. Additionally, an adequate assessment of the patient's gastrointestinal system was not provided to support the need for this medication. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Philips cap colon day supply: 30 qty: 30 refills: 01 is not medically necessary or appropriate.

**Ondansetron tab 4mg odt day supply, 30 qty: 90 refills: 01: 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, Anti-Emetics.

**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, Anti-Emetics.

**Decision rationale:** The requested ondansetron tab 4mg ODT day supply, 30 qty: 90 refills: 01 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines do not support the use of this medication to manage nausea related to medication usage. It is recommended for acute gastritis only. The clinical documentation submitted for review does not provide any evidence that the patient has acute gastritis that would benefit from the use of this medication. Furthermore, the

request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested ondansetron tab 4mg ODT day supply, 30 qty: 90 refills: 01 is not medically necessary or appropriate.

**Clonazepam tab 0.5mg qty 60 with one refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The requested clonazepam tab 0.5 mg qty 60 with 1 refill is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication since at least 09/2013. California Medical Treatment Utilization Schedule does not recommend the long term use of benzodiazepines as there is a high risk for physical and psychological dependence. Additionally, the clinical documentation submitted for review does not provide evidence of functional improvement or benefit resulting from the use of this medication. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested clonazepam tab 0.5 mg qty 60 with 1 refill is not medically necessary or appropriate.