

Case Number:	CM14-0031795		
Date Assigned:	06/20/2014	Date of Injury:	06/16/2000
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and mid back pain reportedly associated with an industrial injury of June 16, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reported diagnosis with sleep apnea; a walker; and a CPAP device. In a Utilization Review Report dated February 20, 2014, the claims administrator denied a request for Zanaflex, approved a request for Cymbalta, approved a request for methadone, approved a request for Norco, denied a request for phentermine, denies a request for Zantac, denied a request for Nuvigil, and conditionally denied an unspecified topical cream. The claims administrator based its denial for phentermine on the fact that the applicant did not seemingly meet drugs.com criteria for usage of phentermine. Zantac was denied owing to reported lack of documentation on the presence or absence of dyspepsia. Nuvigil was denied on the grounds that the applicant was noncompliant with his CPAP machine and that usage of Nuvigil was not a substitute for usage of the CPAP machine. The claims administrator, thus, based its denial for Nuvigil on the fact that the applicant was not seemingly compliant with the CPAP device. Zanaflex was denied on the grounds that the applicant had not demonstrated any functional benefit through usage of the same. The applicant's attorney subsequently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex section. Page(s): 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, in this case, however, the applicant has been using tizanidine or Zanaflex chronically. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including interventional spine procedures, a spinal cord stimulator, and opioid therapy. All of the above, taken together, imply that ongoing usage of Zanaflex has not been altogether efficacious and has failed to generate any functional improvement in terms of the parameters established in MTUS 9792.20f. Therefore, the request for Zanaflex is not medically necessary.

Phentermine 37.5 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/phentermine.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Phentermine Medication Guide. Label (PDF) - [fdawww.accessdata.fda.gov/drugsatfda.../labe...--](http://fdawww.accessdata.fda.gov/drugsatfda.../labe...) Food and Drug Administration Suprenza™ (phentermine hydrochloride) orally disintegrating tablet-INDICATIONS AND USAGE-Suprenza is a sympathomimetic amine anorectic indicated as a short-term adjunct (a few weeks) in a regimen of weight reduction based on exercise, behavioral modification and caloric restriction in the management of exogenous obesity for patients with an initial body mass index ≥ 30 kg/m², or ≥ 27 kg/m² in the presence of other risk factors (e.g., controlled hypertension, diabetes, hyperlipidemia). (1).

Decision rationale: Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that an attending provider employing a drug for non-FDA level purpose has the responsibility to be well informed about the medication in question and/or should provide compelling evidence to support its usage. In this case, the attending provider has not clearly stated why he has selected usage of phentermine, a weight loss medication. As noted by the Food and Drug Administration (FDA), phentermine is indicated as a short-term adjunct in a regimen of weight reduction based on exercise, behavioral modification, and/or caloric restriction in applicants with a BMI greater than 30 or BMI greater than 27 and the presence of other risk factors such as hypertension, dyslipidemia, and/or diabetes. In this case, however, the attending provider has not documented the applicant's height, weight, and/or BMI on the progress note in question. It is/was not clearly stated why phentermine was selected and/or why phentermine is being employed here. Therefore, the request is not medically necessary.

Zantac 150 mg, 1 po bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support introduction of Proton pump inhibitors and/or H2 antagonists such as Zantac in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would support ongoing usage of Zantac. The applicant was specifically described as denying any gastrointestinal side effects in the review of system section of the progress note in question. Therefore, the request is not medically necessary.

Nuvigil 250 mg 1 po qd #30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Nuvigil Medication Guide..FDA Approved Labeling Text for NDA 21-875/NUVIGILTM (armodafinil) Tablets Approved Labeling dated June 15, 2007..328 INDICATIONS AND USAGE .329 NUVIGIL is indicated to improve wakefulness in patients with excessive sleepiness .330 associated with obstructive sleep apnea/hypopnea syndrome, narcolepsy and shift work .331 sleep disorder.

Decision rationale: The MTUS does not specifically address the topic of Nuvigil. However, as noted by the Food and Drug Administration (FDA), Nuvigil is indicated to improve wakefulness in applicants with excessive sleepiness associated with obstructive sleep apnea. In this case, the applicant is in fact complaining of excessive sleepiness associated with obstructive sleep apnea. Usage of Nuvigil is indicated to combat the same. Therefore, the request is medically necessary.