

Case Number:	CM14-0032459		
Date Assigned:	06/23/2014	Date of Injury:	02/14/2002
Decision Date:	07/22/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/14/2014

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 reportedly associated with an industrial injury of February 14, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; sleep aids; unspecified amounts of physical therapy; earlier knee surgery; and earlier lumbar fusion surgery. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for methadone, denied a request for Inderal, denied request for Nuvigil, and denied a request for Ambien. The claims administrator denied the request for Inderal on the grounds that the applicant was an asthmatic and that beta-blocker should not be used in asthmatics. The claims administrator also stated that usage of beta-blockers for pain-induced hypertension was not an approved indication for the same. In a December 4, 2013 progress note, the applicant presented with persistent complaints of low back pain radiating to right leg. The attending provider went on to cite a variety of MTUS and non-MTUS Guidelines to support request for various medications. The applicant was apparently using Ambien, Effexor, Inderal, methadone, Naprosyn, Neurontin, Norco, and Zanaflex on this occasion. The applicant did report a past medical history notable for asthma and review of systems notable for heartburn as well as for insomnia. The applicant's BMI was 32. It was stated that the applicant was continuing to work 8 to 16 hours a day. It was stated that the applicant was benefitting from the medications and minimal side effects associated with the same. It was stated in yet another section of the report, the applicant was stable and reportedly doing well. In an earlier progress note of November 1, 2013, the applicant was described as working without restrictions. On January 30, 2014, it was again stated that the applicant was working full time with minimal pain owing to favorable response to medications. The applicant complained that his claims administrator had denied and partially denied some of the medications. The applicant reported 1/10 pain with medications and

5/10 pain without medications. It was stated that the applicant was working 56 hours a week. The attending provider stated that the applicant was one of the best Workers' Compensation applicants that he was treating in the sense that the applicant had, in fact, returned to work. The applicant's medication list included Neurontin, Naprosyn, Zanaflex, Nuvigil, Inderal, Prilosec, Norco, methadone, and Ambien, it was stated. Asthma and hay fever were the only notable items on the applicant's past medical history. It is incidentally noted that the applicant's blood pressure was 132/88 on a progress note of January 2, 2014 and, was 132/92 on December 4, 2013, and was 120/72 on January 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

methadone 10 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to work. The applicant is reporting appropriate reductions in pain levels from 5/10 to 1/10 with ongoing medication usage. The applicant is apparently achieving appropriate improvements in pain and function with ongoing methadone usage. Therefore, the request is medically necessary.

Inderal 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Food and Drug Administration (FDA).

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Inderal is indicated in the management of hypertension, angina, atrial fibrillation, myocardial infarction, migraines, essential tremor, hypertrophic subaortic stenosis, and/or pheochromocytoma. In this case, however, the attending provider's documentation and multiple progress notes provided do not describe or make any mention of issues related to hypertension, angina, atrial fibrillation, myocardial infarction, migraines, essential tremor, pheochromocytoma, etc. for which ongoing usage of Inderal would be indicated. The only items which were reportedly positive on the applicant's past medical history were asthma and hay fever. Multiple progress notes surveyed suggested that the applicant's blood pressure was within normal limits on each occasion. Thus, the applicant does not seem to carry any of the diagnoses for which Inderal would be indicated. There was likewise no indirect support for usage of Inderal in the form of documentation and/or progress notes establishing multiple incidences of significantly elevated blood pressure. Therefore, the request is not medically necessary.

Nuvigil 250 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the Non-MTUS Food and Drug Administration (FDA) and MTUS Chronic Pain Medical Treatment Guidelines, pages 7-8

Decision rationale: The MTUS does not address the topic. As noted in the Food and Drug Administration (FDA) Nuvigil Medication Guide, Nuvigil is indicated to improve wakefulness in applicants who are very sleepy owing to issues associated with narcolepsy, obstructive sleep apnea, and/or shift-work disorder. In this case, however, there is no evidence that the applicant carries any of the above mentioned diagnoses. There is no evidence that the applicant carries a formal diagnosis of obstructive sleep apnea and/or narcolepsy. There is no evidence that the applicant carries diagnosis of shift-work disorder. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider who furnishes a prescription for non-FDA labeled purposes has responsibility to be well informed about usage of the drug for such purposes and should, furthermore provide some medical evidence to support its usage. In this case, however, no documentation, narrative commentary, or rationale was attached to the request for authorization so as to support usage of Nuvigil. Therefore, the request is not medically necessary.

Ambien 10 mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the Non-MTUS Food and Drug Administration (FDA) and MTUS Chronic Pain Medical Treatment Guidelines, pages 7-8.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider's prescription for Ambien with two refills implies, long-term, chronic, and scheduled usage of Ambien. Ambien is not FDA approved in the long-term treatment of insomnia, per the FDA. As noted on pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider who prescribes the medication for non-FDA labeled purposes has the burden of furnishing evidence to support usage of the same. In this case, however, no such medical evidence was furnished to support usage of Ambien for non-FDA labeled purposes. Therefore, the request is not medically necessary.