

Case Number:	CM14-0053425		
Date Assigned:	07/07/2014	Date of Injury:	04/04/2001
Decision Date:	11/26/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/22/2014

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 and Rehabilitation, has a subspecialty in Pain 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 66 year-old female with a date of injury of April 4, 2001. The injured worker's industrially related diagnoses include chronic bilateral shoulder pain due to bilateral rotator cuff arthropathy, status post bilateral shoulder surgery, low back pain, multiple level lumbar degenerative disc disease, and chronic discogenic spinal pain. The disputed issues are Omeprazole 20mg #30 with 3 refills, Modafinil 200mg #60 with 3 refills, Amrix 15mg #60 with 3 refills. A utilization review determination on 3/20/2014 had non-certified these requests. The rationale for the denial of Omeprazole was that there was no evidence of gastritis or use of NSAIDs to support the need for proton pump inhibitor therapy. The request for Amrix was non-certified because the guidelines state that this muscle relaxant is indicated for acute or subacute spasm and not recommended for chronic pain clinical presentations such as this case. Lastly, the stated rationale for the denial of Modafinil was: "The request is not supported for this clinical presentation as the guidelines indicate that use of this medication is not recommended solely to counteract sedation effects of narcotics until after considering reducing excessive narcotics prescribing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S, GI Symptoms Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) recommended for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The Chronic Pain Medical Treatment Guidelines recommend that if a patient is at intermediate risk for gastrointestinal events and has no cardiovascular disease, then a non-selective NSAID with a PPI (Proton Pump Inhibitor, for example, 20mg Omeprazole daily) can be used. The following is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the submitted medical records available for review, there is lack of documentation of previous gastrointestinal events or specific gastrointestinal risk factors which would warrant a proton pump inhibitor. The 66 year-old injured worker was taking prednisone 1mg daily (a corticosteroid) at the time of the request, but there was not documentation that she was prescribed or was taking an NSAID. In the medical report dated 3/13/2014, the treating physician provided the MTUS Guidelines for Prilosec but there is no further documentation regarding complaints of dyspepsia secondary to NSAID use or another indication for this medication. Based on the lack of documentation, the request for Omeprazole 20mg #30 with 3 refills is not medically necessary.

Modafinil 200mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Modafinil Provigil

Decision rationale: The California MTUS and ACOEM are silent regarding the use of Modafinil (Provigil), and the Official Disability Guidelines state that Provigil is not recommended solely to counteract sedation effects of narcotics. Provigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In the submitted medical records available for review, there was no indication that the injured worker had a diagnosis of narcolepsy or shift work sleep disorder. Furthermore, the treating physician did not document the reason for the use of Provigil except that this medication in combination with the other was determined to be an appropriate regimen from her [REDACTED] in 2008. The diagnoses that the injured worker was discharged with from the [REDACTED] on 4/18/2008 were chronic pain syndrome, history of depression, history of degenerative disc disease, lumbar radiculopathy, low back pain, chronic pain and dysfunction of the bilateral shoulders due to bilateral rotator cuff arthropathy, Therefore, based on the ODG, Provigil 200mg #60 with 3 refills is not medically necessary.

Amrix 15mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Amrix (cyclobenzaprine) is a skeletal muscle relaxant and a central nervous system depressant. The Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of chronic low back pain. Guidelines go on to state that Amrix specifically is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The greatest effect appears to be in the first 4 days of treatment. In the submitted medical reports available for review, the treating physician did not specify analgesic benefit or objective functional improvement as a result of the Amrix. Furthermore, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The submitted reports show that this medication has been prescribed since 2008. The guidelines further state that this medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. In the progress reports, the treating physician documented that the injured worker has multiple cardiac risk factors, and Q wave changes (date of EKG not provided) were indicative of transferal septal intact in the past. Based on the guidelines, the request for Amrix 15mg #30 with 3 refills is not medically necessary.