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| <b>Case Number:</b>   | CM14-0062111 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 12/02/2000 |
| <b>Decision Date:</b> | 09/24/2014   | <b>UR Denial Date:</b>       | 04/09/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2014 |

### 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 New York. 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 claimant is a 66 year old male who sustained an industrial injury on 12/2/00. The mechanism of injury was not provided for review. His diagnosis is chronic low back pain. He has complaints of low back pain and on physical exam has decreased range of lumbar motion. There are no neurologic abnormalities reported. Treatment has included medical therapy with opioid analgesics, anti-inflammatory medications, topical compounds and bilateral sacroiliac injections. The treating provider has requested Neurontin 300mg, Meloxicam 15 mg, Provigil 200mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 300 mg. 1 cap po (by mouth) tid:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** Per the documentation, there is no evidence that the claimant has neuropathic pain. Per California MTUS Guidelines 2009 antiepilepsy medications are a first line treatment for neuropathic pain. A recommended trial period for an adequate trial of gabapentin is

three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. The patient has been prescribed the medication and there is no specific documentation of a positive response to this medical therapy. Medical necessity has been documented and the requested treatment is medically necessary for treatment of the patient's chronic pain condition.

**Mobic 15 mg. 1 tab po qd (every day) po (by mouth) with food: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30.

**Decision rationale:** NSAIDs may be grouped into three categories based on their relative selectivity for COX2; there are non-selective, partially selective, and selective agents. Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug directly targets COX-2, an enzyme responsible for inflammation and pain. Meloxicam may have a lower risk of GI events relative to nonselective NSAIDs; however, this has not been conclusively demonstrated with long term use. The difference in the absolute risk of serious GI effects between Meloxicam and other NSAIDs is small and of unknown clinical significance. Elderly, those using high doses of NSAID, concurrent use of corticosteroids or anticoagulants, and prior history of significant GI related events may result in an increase in the incidence of adverse effects from any NSAID. There is no specific indication for Meloxicam therapy and there is no documentation that this particular medication has improved the patient's functional ability. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Provigil 200 mg. 1 tab po (by mouth) bid (2 X's per day) # 30 to allow for a gradual taper: 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 Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013 : Indications for Provigil.

**Decision rationale:** Nuvigil (armodafinil) and Provigil (modafinil) are indicated to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome (OSAHS), and shift work sleep disorder. In OSAHS, Nuvigil and Provigil are indicated as an adjunct to standard treatment(s) for the underlying obstructions. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximum effort to treat with CPAP for an adequate period of time should be made prior to initiating Nuvigil or Provigil. If Nuvigil or Provigil is used adjunctively with CPAP, the encouragement of and periodic assessment of CPAP compliance is necessary. There is no documentation indicating

the patient has any injury related condition that warrants Provigil therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Provigil 200 mg. 1 tab, po ( by mouth) bid (2 x'x per day): 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 Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013 : Indications for Provigil.

**Decision rationale:** Nuvigil (armodafinil) and Provigil (modafinil) are indicated to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome (OSAHS), and shift work sleep disorder. In OSAHS, Nuvigil and Provigil are indicated as an adjunct to standard treatment(s) for the underlying obstructions. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximum effort to treat with CPAP for an adequate period of time should be made prior to initiating Nuvigil or Provigil. If Nuvigil or Provigil is used adjunctively with CPAP, the encouragement of and periodic assessment of CPAP compliance is necessary. There is no documentation indicating the patient has any injury related condition that warrants Provigil therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.