

Case Number:	CM14-0082908		
Date Assigned:	07/30/2014	Date of Injury:	03/07/2009
Decision Date:	09/25/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/04/2014

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:

This is a 44-year-old woman whose date of injury was of 3/7/09. She is status post L5-S1 disc replacement in 2011 with psychosocial stressors from the pain and loss of income. Specific mechanism of injury is not noted. A 1/13/14 L5-S1 ESI was not helpful. Requesting report of 5/16/14 indicates that the patient had not had the Provigil approved last month and she was complaining of more fatigue and less function. She is using energy drinks. She had been seen by another Dr. for a spinal surgery consultation. There is mention of review of the psychiatric QME reevaluation for exam date of 11/22/13. That reportedly recommended additional cognitive behavioral therapy and also reportedly noted that despite the side effects of the Cymbalta, the patient benefited from it and wanted to continue with it. Sleep disturbance responded reasonably well to temazepam. If she should develop tolerance then consideration could be given to switch to Ambien CR or Lunesta. Or consideration could be given to a small dose of a tricyclic. The current report states the patient gets sedation after she takes the Cymbalta but she has been using it at night. The report also indicates that this patient is working 24 hours a week with restrictions of no more than 25 pounds lifting. She is working as a dietary technician. There is reported 50% reduction in the pain with use of the oxycodone and Flector patches. Pain is rated 8/10 without medications and 4/10 with medications. Pain contract is mentioned. There is no mention of any aberrant behaviors regarding medications. Examination shows tenderness in the lower back, decreased sensation L3 and L4 on the right, otherwise no neurologic deficits. Diagnoses are chronic low back pain; lumbar degenerative disease status post L5-S1 discectomy and disc replacement; right sciatic, minimal; pain-related depression; pain-related insomnia; recent weight gain, and hypertension. There is a 5/16/14 psychology report that states the patient is nauseated by coffee so she cannot use that for caffeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lactulose 10gm/15ml #2 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (last updated 04/10/2014), Opioid induced constipation.

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: FDA prescribing information at <http://www.drugs.com/pro/lactulose.html>.

Decision rationale: This is approved for constipation. MTUS/ODG guidelines do not address treatment of constipation. FDA prescribing information stated this is used for both short term constipation and for chronic constipation. The the submitted reports states that the patient has opiate related constipation. There is also mention that a rheumatology AME which includes a disability rating for constipation. Therefore, based upon the available evidence and indications for this medication, it is considered to be medically necessary

Flector Patch 1.3% Topical film #30 with 3 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Page(s): 111-113. Decision based on Non-MTUS Citation <https://www.flectorpatch.com/index.aspx>.

Decision rationale: This contains diclofenac which is a nonsteroidal anti-inflammatory medication. The report states that the patient is using these on her low back every 12 hours. There is reported "benefit from it." There is no documentation of any objective functional improvement. This medication contains diclofenac which is a nonsteroidal anti-inflammatory drug. The patch is indicated for the treatment of acute pain due to minor strains, sprains and contusions. MTUS chronic pain guidelines state that topical NSAIDs can be useful for 4-12 weeks in the treatment of osteoarthritis of the small joints, and specifically exclude the spine. Use of this topical has been chronic and it is being used to treat the spine. Thus, based upon the evidence and the guidelines, this is not medically necessary.

Phenergan 25mg #90 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, Treatment for Workers Compensation, Anti-emetics for opioid nausea.

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: FDA prescribing information <http://www.drugs.com/pro/phenergan.html>.

Decision rationale: The report indicates this is being prescribed for nausea secondary to patient's medications. This is not addressed by MTUS guidelines or ODG. The product prescribing information is this is a derivative of phenothiazine which is an antipsychotic. It is a histamine receptor blocking agent and can be used as an antihistamine and it provides both sedative and anti-emetic effects. Reports indicated that previously the patient had used Zofran, another medication for nausea without benefit. However, the report does not specifically indicate that the patient gets benefit from this medication and its side effects including daytime sedation are severe enough that off label use of a stimulant is being requested as well. Therefore, based upon the evidence provided and the prescribing information this is not considered to be medically necessary.

Restoril 30mg #30 with 1 refill.: Upheld

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

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

Decision rationale: A utilization review determination was to taper and wean this medication. Temazepam is a Benzodiazepine that is used for short-term treatment of insomnia. MTUS guidelines do not address insomnia but ODG guidelines note that use of this class of sleep agents is limited because of the side effect profile due to high risk of tolerance, dependence and adverse effects including daytime drowsiness, and retrograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function and rebound insomnia. This patient is using this chronically and continued use of this medication is not supported by guides. Furthermore, it is likely a major contributor to her complaints of daytime drowsiness. Using a sedative at nighttime for sleep and a stimulant during the day for drowsiness is contraindicated. Thus, based upon the evidence and the guidelines this is not considered to be medically necessary.

Wellbutrin 150mg #60 with 3 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress- Bupropion.

Decision rationale: MTUS guidelines do not specifically address use of medications for treatment mental health disorders. MTUS guidelines address use of antidepressants/anxiolytics

for treatment of chronic pain. This is also known by the generic name of bupropion. It is indicated for ODG guidelines for a first-line treatment option for major depressive disorder. The report states that the patient is taking this to control her depression. There is no mention of any side effects and no subjective complaints or objective findings consistent with the patient being depressed. The patient continues to work. Thus, based upon the guidelines and the evidence, this is considered to be medically necessary.

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Page(s): 74-96. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Opiate dose calculator <http://agencymeddirectors.wa.gov/mobile.html>.

Decision rationale: This is a short acting opioid analgesic. At 4 times a day dosing, the patient's morphine equivalent dose (MED) per day is 180, more than the MTUS guidelines recommended maximum 120. Additionally, the report indicates that the patient has narcotic related daytime sedation such that it is recommended that she be prescribed a stimulant for use during the day. While it is acknowledged the patient is working (which is evidence of functional benefit from opiate use for the chronic pain), MTUS guidelines do not support opiate use at this morphine equivalent dose level. It is also noted guidelines do not support continued opiate use when there are significant side effects such as is documented here (daytime sedation and constipation). Therefore, this particular opiate as it is being used in this setting according to the evidence and guidelines are not considered to be medically necessary.

Voltaren Sodium 75mg #30 with 3 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Page(s): 67-71.

Decision rationale: This is a nonsteroidal anti-inflammatory medication. MTUS guidelines recommend use of these medications in the lowest possible dose for the shortest possible time. According to the available records using this medication is chronic, greater than 90 days. There is no documentation of specific functional benefit directly attributable to the Voltaren and this patient has chronic nausea. One of the common side effects of these medications is upper gastrointestinal complaints which can include nausea. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Cymbalta 30mg #30 with 3 refills.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2 Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress.

Decision rationale: This is a serotonin noradrenaline reuptake inhibitor, an antidepressant which is supported by MTUS guidelines for chronic pain. ODG also supports use for treatment of major depressive disorder. The report indicates patient has drowsiness from this but she is using this at night. Otherwise, reports indicate patient has had good response to treatment of her depression with this medication. Currently there is no indication that the patient is actively depressed either subjectively or objectively. She continues to work part-time. Thus, based upon the evidence and the guidelines this is considered to be medically necessary.

Provigil 100mg #30 with 1 refill.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers Compensation, Pain Procedure Summary (last updated 04/10/2014), Modafinil / Provigil.

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: FDA prescribing information http://provigil.com/media/PDFs/prescribing_info.pdf.

Decision rationale: MTUS and ODG guidelines do not address this medication. Reports indicate that this is being prescribed for treatment of the daytime sedating effects and the side effects of the patient's multiple other medications particularly the narcotics and the phenergan. According to the prescribing information this is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work disorder. There is no documentation of narcolepsy or obstructive sleep apnea. There is no documentation that this patient is currently doing shift work, therefore a current sleep disorder related to shift work is not medically reasonable. Provigil is not considered to be medically necessary based on evidence and the prescribing information.