

<b>Case Number:</b>	CM14-0187703		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	02/04/2003
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 67 year old woman who sustained a work-related injury on February 4 2003. Subsequently, the patient developed a chronic back pain. According to a progress report dated on August 27 2014, the patient was complaining of chronic pain syndrome and fatigue. The patient physical examination demonstrated positive tender points and normal neurological examination. The patient was diagnosed with chronic pain syndrome. The provider requested authorization for the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Modafinil 200 mg #60:** 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 (Chronic)

**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: Pharmacological interventions for sleepiness and sleep disturbances caused by shift work. Liira J, Verbeek JH, Costa G, Driscoll TR, Sallinen M, Isotalo LK, Ruotsalainen JH. Cochrane Database Syst Rev. 2014 Aug 12;8:CD009776. doi: 10.1002/14651858.CD009776.pub2. Review

**Decision rationale:** The latter is used for the management of wakefulness disorders such as narcolepsy, shift work sleep disorder, and excessive daytime sleepiness associated with obstructive sleep apnea. There is no evidence that the patient is suffering from narcolepsy or any other condition for which the use of Modafinil is approved. Therefore the prescription of Modafinil is not medically necessary.

**Glucosamine 750 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

**Decision rationale:** According to MTUS guidelines, Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. There is insufficient evidence to support the efficacy of glucosamine other than knee osteoarthritis. There is no clear evidence of knee osteoarthritis. Therefore, the request of Glucosamine is not medically necessary.

**Flurbiprofen 20%, Lidocaine 5%, Menthol 5%/Camp 1%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Therefore, Flurbiprofen 20%, Lidocaine 5%, Menthol 5%/Camp 1% is not medically necessary.

**Tramadol 15%, Dextro 10%/Cap 0.025%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of Knee pain. Therefore, Tramadol 15%, Dextro 10%/Cap 0.025% is not medically necessary.