

Case Number:	CM14-0199383		
Date Assigned:	12/09/2014	Date of Injury:	05/21/1997
Decision Date:	01/26/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Family Practice 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 54 year old male injured worker who sustained a work related injury on 5/21/97. He sustained the injury due to lifting cases of beer. The current diagnoses include muscle spasms, anxiety, nutritional disease, chronic pain, depression, sleep disorder, sexual disorder. Per the doctor's note dated 10/20/14, injured worker has complaints of low back pain with muscle spasm. Per the doctor's note dated 9/16/14 physical examination revealed atrophy in the posterior thigh, strength was normal in the left lower extremity, he has weakness in the right lower extremity from the quadriceps on down and he was going to a gym and doing water exercises. The current medication lists include Norco, Provigil, Soma, MSContin, Fosamax, Motrin, Valium, Cialis and Wellbutrin. The injured worker has had EMG and MRI of the low back for this injury. The injured worker's surgical histories include multiple back surgeries, laminectomy in 1998, failed fusion in 1998 and failed repeat fusion in 2001. Any operative/ or procedure note was not specified in the records provided. The injured worker has received an unspecified number of the psychotherapy visits for this injury. The injured worker has used a back brace for this injury. According to the note dated 7/16/14, he has Ensure 300 cans per month, he takes 10 a day. He said, that even when he did take it, it did not actually lead to weight increase..

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil: 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: Thompson Micromedex-FDA Labeled indications; Drug- Modafinil

Decision rationale: Modafinil is a wakefulness-promoting agent (or eugeroic) that is approved by the United States' Food and Drug Administration (FDA) for treatment of wakefulness disorders such as narcolepsy, shift work sleep disorder, and excessive daytime sleepiness associated with obstructive sleep apnea. MTUS/ODG guideline does not specifically address this issue. Hence Thompson Micromedex used. Thompson Micromedex-FDA Labeled indications of drug- Modafinil include Narcolepsy, Improve wakefulness in patients with excessive daytime sleepiness, Obstructive sleep apnea, Improve excessive sleepiness, as an adjunct to standard treatment(s) for the underlying obstruction. Any evidence of Narcolepsy, excessive daytime sleepiness or Obstructive sleep apnea was not specified in the records provided. The criteria for use of Provigil are not met. A recent detailed clinical evaluation note by the treating physician was not specified in the records. The rationale for Provigil was not specified in the records provided the medical necessity of the request for Provigil is not fully established in this injured worker. The request is not medically necessary.

Soma: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants Page(s): 29; 63.

Decision rationale: As per cited guideline "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The current diagnoses include muscle spasms, anxiety, chronic pain, depression, sleep disorder. Per the doctor's note dated 10/20/14, patient has complaints of low back pain with muscle spasm. Per the doctor's note dated 9/16/14 physical examination revealed atrophy in the posterior thigh, strength was normal in the left lower extremity, he has weakness in the right lower extremity from the quadriceps on down . The patient's surgical histories include multiple back surgeries, laminectomy in 1998, failed fusion in 1998 and failed repeat fusion in 2001. The injured worker has significant objective findings including complaints of muscle spasms. The injured worker has conditions that are prone to getting intermittent exacerbations. The use of Soma is medically necessary and appropriate.

Motrin: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Motrin belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The current diagnoses include chronic pain. Per the doctor's note dated 10/20/14, injured worker has complaints of low back pain with muscle spasm. Per the doctor's note dated 9/16/14 physical examination revealed atrophy in the posterior thigh, strength was normal in the left lower extremity, he has weakness in the right lower extremity from the quadriceps on down. The injured worker's surgical histories include multiple back surgeries, laminectomy in 1998, failed fusion in 1998 and failed repeat fusion in 2001. NSAIDS like Motrin are first line treatments to reduce pain. Motrin use is medically necessary.

Valium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Valium is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for the stress related conditions is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. Per the notes, the injured worker is taking the valium for muscle spasms. He has also taken Soma which is also a muscle relaxant. The response to that muscle relaxant without the valium/ benzodiazepine is not specified in the records provided. The medical necessity of the request for Valium is not fully established in this injured worker and is therefore not medically necessary.

Cialis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence Group

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: Thompson Micromedex FDA labeled indication for Cialis

Decision rationale: ACOEM/CA MTUS do not address this request. Cialis contains tadalafil that increase increases blood flow to a certain area of the body and is used to treat erectile dysfunction (impotence). According to the Thompson Micromedex FDA labeled indication for Cialis includes "Benign prostatic hyperplasia. Benign prostatic hyperplasia - Erectile dysfunction, Erectile dysfunction, Pulmonary hypertension." Any evidence of the Benign prostatic hyperplasia, Benign prostatic hyperplasia - Erectile dysfunction, Erectile dysfunction or Pulmonary hypertension was not specified in the records provided. A recent detailed clinical evaluation note by the treating physician, which documents a detailed evaluation of erectile dysfunction, was not specified in the records. The rationale for the use of Cialis was not specified in the records provided. The medical necessity of the request for Cialis is not fully established in this injured worker. The request is not medically necessary.

Ensure: 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 Official Disability Guidelines (ODG); Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), Chapter- Pain (updated 12/31/14)

Decision rationale: Ensure is a preparation with high protein content. California Medical Treatment Utilization Schedule (MTUS) does not address this request. According to the ODG guidelines, Medical food is, "a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles." ODG quoting the FDA specifically states "To be considered the product must, at a minimum, meet the following criteria: (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements." There is no documented dietary deficiency in this injured worker. There is no documented evidence that the injured worker has hypoproteinemia or nutritional deficiencies or malnutrition. According to the note dated 7/16/14, he has ensure 300 cans per month, he takes 10 a day. He said, that even when he did take it, it did not actually lead to weight increase. The medical necessity of the request for Ensure is not fully established in this injured worker. The request is not medically necessary.