

Case Number:	CM14-0205676		
Date Assigned:	12/17/2014	Date of Injury:	08/29/2000
Decision Date:	02/05/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab 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 56 year-old patient sustained an injury on 8/29/2000 while employed by [REDACTED]. Request(s) under consideration include Provigil 200mg, Lidoderm 5% patch #90, and Flexeril 10mg #90. The patient continues to treat for chronic ongoing low back and neck symptoms. Conservative care has included medications, therapy, and modified activities/rest. The patient underwent recent lumbar facet radiofrequency ablation at L3, L4, L5, and S1 on 7/11/14. Report of 11/5/14 from the provider noted the patient with severe low back, left leg, and buttock pain; relatively stable on medication regimen with pain rated at 9-10 without and 3-4/10 with medications. Exam showed unchanged findings of antalgic gait; lumbar spine with reduced range with flexion of 20 degrees; muscle spasm from L1 to sacrum; moderate to severe sacroiliitis; bilateral SLR; DTRs symmetrical, global dysesthesias; without sensory or motor deficits. Treatment included continuing medications for diagnoses of lumbar disc degeneration. The request(s) for Provigil 200mg, Lidoderm 5% patch #90, and Flexeril 10mg #90 were non-certified on 11/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Armodafinil/ Modafinil, page 666

Decision rationale: Provigil (active ingredient-Modafinil), per FDA, is prescribed for the treatment of excessive sleepiness caused by certain sleep disorder such as obstructive sleep apnea/ hypopnea syndrome (OSAHS), narcolepsy, and shift work sleep disorder (SWSD). Side effects include feeling anxious, trouble sleeping, and nervousness. ODG does not recommend Provigil medication solely to counteract sedation effects of narcotics, but may be an option for use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or activities of daily living (ADLs) limitations for use of Provigil in neither the patient's listed diagnoses nor document any functional improvement from previous treatment rendered with chronic unchanged symptoms to establish medical indication or necessity outside guidelines recommendations. The Provigil 200mg is not medically necessary and appropriate.

Lidoderm 5% patch #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with global dysesthesia symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm 5% patch #90 is not medically necessary and appropriate.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2000. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Flexeril 10mg #90 is not medically necessary and appropriate.