

Case Number:	CM14-0211300		
Date Assigned:	12/24/2014	Date of Injury:	12/20/2008
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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:

The patient is a 41 year-old woman who was injured at work on 12/20/2008. The injury was primarily to her neck. She is requesting review of denial for the following medications: Valium 10 mg and Provigil 200 mg. Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports. The patient's chronic diagnoses include: Cervicalgia; Arthropathy of Cervical Facet Joint; Brachial Neuritis/Unspecified; and Chronic Use of Opiate Drugs. Her last documented visit in the available records was on 11/15/2014. These records indicate that she continues to have neck pain; particularly with movement. Her current medication regimen includes: Oxycodone, Methadone, Baclofen, Provigil, Valium, and Vitamin B12. The patient asked to increase her Provigil to 2 tablets a day due to fatigue. In the Utilization Review process the MTUS/Chronic Pain Medical Treatment Guidelines were cited as the reason for non-certification of Valium. Specifically, for the use of Valium: the long-term use of benzodiazepines, such as Valium, is not recommended. The Official Disability Guidelines were cited for non-certification of Provigil. Specifically, this medication is not recommended to use to counteract the sedation effects of narcotics until after first considering reducing excessive narcotic prescribing.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 tablets of Valium 10mg between 11/20/2014 and 1/4/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines, such as Valium, as a treatment modality. These guidelines state the following: Benzodiazepines 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 action 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 more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the duration of use of Valium exceeds the cited MTUS recommendations. Further, there is insufficient justification provided in the available medical records as to the rationale in prescribing a benzodiazepine. Based on these findings, Valium is not considered as a medically necessary treatment.

30 tablets of Provigil 200mg between 11/20/2014 and 1/4/2015: 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).

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

Decision rationale: The MTUS Guidelines do not comment on the use of this drug. However, the Official Disability Guidelines (Chronic Pain) does address the use of modafinil (Provigil). These guidelines state the following: The use of Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. Adverse effects: This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. Common adverse effects include headache, nausea, nervousness, rhinitis, diarrhea, back pain, anxiety, insomnia, dizziness, and dyspepsia. Dose: The standard dose for these conditions is 200 mg a day. The dose should be reduced to for patients with severe hepatic impairment. Modafinil is increasingly being used as a cognitive enhancer. Although initially launched as distinct from stimulants that increase extracellular dopamine by targeting dopamine transporters, recent preclinical studies suggest otherwise. There is need for heightened awareness for potential abuse of and dependence on modafinil. Prescriptions for modafinil have rapidly increased in recent years, and most of this

increase is due to off-label use, according to a JAMA study, with 89% of patients prescribed modafinil not having an on-label diagnosis. In this case the evidence available suggests that Provigil is being used to counter the sedating side effects of the patient's other medications. Further, there is insufficient information in the records to justify the use of Provigil. There is no evidence that the patient has narcolepsy, obstructive sleep apnea or a shift work sleep disorder. For these reasons, Provigil is not a medically necessary treatment.