

Case Number:	CM15-0000808		
Date Assigned:	01/12/2015	Date of Injury:	12/26/1996
Decision Date:	03/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injured worker is a 65 year old male, who sustained an industrial injury on December 26, 1996. He has reported soft tissue head, eyes, neck, and left shoulder and psyche issues as approved by the insurance carrier. The diagnoses have included post-laminectomy syndrome of cervical region, chronic pain syndrome, neck pain, cervical disc degeneration, myofascial pain syndrome, back pain, lumbar radiculopathy, irritable bowel syndrome, and depression/anxiety. Treatment to date has included chiropractic treatment, cervical spine surgery, medications, ice, rest, sleep, spinal cord stimulator, nerve blocks, and changing positions, acupuncture, radiological imaging, and bilateral facet injections. Currently, the IW complains of bilateral arms, bilateral legs, neck, bilateral shoulders, and left hand pain. On November 20, 2014, it is noted there has been no change in pain control since the previous visit. On this date the injured worker reports having pain rated as 3-4 out of 10 while on medications, and without medications 10 out of 10 on a pain scale. His sleep patterns are noted to take 1-2 hours for sleep after turning lights out. He watches TV prior to going to sleep, and awakens approximately 3 times per night. He uses a cane for ambulation, and rests throughout the day for approximately 25-50% of the waking day. The request for authorization is for Ketoprofen 10%, Gapapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, quantity #1; and Provigil 200 mg, quantity #60. On December 3, 2014, Utilization Review non-certified the request for Ketoprofen 10%, Gapapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%, quantity #1; and Provigil 200 mg, quantity #60, based on Chronic Pain Treatment, and ACOEM guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 10%, Gabapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Bupivacaine 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Compound creams

Decision rationale: MTUS and ODG recommends usage of topical analgesics as an option, but also further details primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Baclofen (Not Recommended) MTUS states that topical Baclofen is not recommended. Cyclobenzaprine or Muscle Relaxants (Not Recommended) MTUS states regarding topical muscle relaxants, "Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product." Topical cyclobenzaprine is not indicated for this usage, per MTUS. Gabapentin/Pregabalin (Not Recommended) MTUS states that topical Gabapentin is not recommended. And further clarifies, antiepilepsy drugs: There is no evidence for use of any other antiepilepsy drug as a topical product. Ketoprofen (Not Recommended) Per ODG and MTUS, Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis and photosensitization reactions. NSAIDs (Recommended in OA/tendinitis, not Recommended For Neuro) MTUS states regarding topical NSAIDs, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." This compounded cream contains multiple medications that are not recommended for topical use. As such, the request for Ketoprofen 10% Gabapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2% Bupivacaine 1% is not medically necessary.

Provigil 200mg Qty: 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com, Treatment of narcolepsy, Modafinil

Decision rationale: Provigil is the brand name version of modafinil. MTUS and ACOEM are silent with regards to modafinil. Other guidelines were used. UpToDate classifies Provigil as a central nervous system stimulant with FDA labeling usage to improve wakefulness in patients with excessive daytime sleepiness associated with narcolepsy and shift work sleep disorder (SWSD). Modafinil is also labeled for the adjunctive therapy for obstructive sleep apnea/hypopnea syndrome (OSAHS), and. There is also an off-label usage of modafinil for Attention Deficit Hyperactive Disorder (ADHD) and treatment of fatigue in multiple-sclerosis and other disorders. Provigil is the brand name version of modafinil. MTUS and ACOEM are silent with regards to modafinil. Other guidelines were used. UpToDate classifies Provigil as a central nervous system stimulant with FDA labeling usage to improve wakefulness in patients with excessive daytime sleepiness associated with narcolepsy and shift work sleep disorder (SWSD). Modafinil is also labeled for the adjunctive therapy for obstructive sleep apnea/hypopnea syndrome (OSAHS), and. There is also an off-label usage of modafinil for Attention Deficit Hyperactive Disorder (ADHD) and treatment of fatigue in multiple-sclerosis and other disorders. The medical records do not indicate or substantiate the treatment for narcolepsy, SWSD, OSAHS, ADHD, or multiple-sclerosis. The medical notes do indicate some conservative treatments were performed to address proper sleep hygiene and sleep-wake cycle, however the patient also has sleep aids prescribed. As such, the request for Provigil 200mg 60 is not medically necessary.