

Case Number:	CM15-0005610		
Date Assigned:	01/20/2015	Date of Injury:	10/26/2009
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 47 year old male, who sustained an industrial injury on October 26, 2009. He has reported low back pain and psychological disturbances including sleep difficulties and was diagnosed with lumbar pain and radiculopathy, intractable lumbar pain, depression, anxiety and severe epigastric pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, psychological evaluation, pain medications, psychological treatment including medications and work modifications. Currently, the IW complains of low back pain, continued anxiety and stress with sleep difficulties. The IW reported continued stress, depression and anxiety on November 4, 2014. On October 23, 2014, severe pain was noted despite significant treatments, past surgery and a failed neuromodulation trial. The pain medications were renewed with monthly monitoring and adjusting recommended. On December 15, 2014, a pain management follow up noted severe pain and continued constipation and severe gastrointestinal upset. Pain medications and anti-psychotropics were renewed. On December 22, 2014, Utilization Review non-certified a requests for Floricet and Nuvigil, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 24, 2014, the injured worker submitted an application for IMR for review of requested Floricet and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Floriset: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 39. Decision based on Non-MTUS Citation Pain chapter, BCA

Decision rationale: Per the 10/21/14 report the patient presents with significant lower back and lower extremity symptoms. The current request is for Floriset. Presumably this request is for Fioricet/Butalbital. The RFA is not included. The 12/22/14 utilization review states the request was received 12/08/14. MTUS page 39 states the following regarding Barbiturate-containing analgesic agents (BCAs), "Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). See also Opioids." MTUS and ODG do not discuss psychotropic medications. ODG only discusses BCA's in the pain chapter. The 12/31/14 report by ■■■ ■■ states that this is a psychotropic medication and requests that a board certified Psychiatrist conduct the Independent Medical Review. The 11/04/14 report by ■■■ ■■. states that prescribed medications interact to work together and removing one medication could cause worsened symptoms in all areas. This report states the patient has depression, anxiety and sleep disturbance. The other reports provided for review from 06/03/14 to 12/15/14 do not discuss Psych issues for this patient but document pain management and lower back pain. The 12/31/14 report appealing the utilization review references other reports regarding the need for the medication; however, these reports are not provided for review. Lacking recommendation by guidelines for pain and clear documentation of the need for this medication, the request is not medically necessary.

Nuvigil: 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 Pain Chapter, Provigil

Decision rationale: Per the 10/21/14 report the patient presents with significant lower back and lower extremity symptoms. The current request is for Nuvigil/Armodafinil. The RFA is not included. The 12/22/14 utilization review states the request was received 12/08/14. The ACOEM and MTUS guidelines do not discuss Armodafinil. However, ODG, Pain Chapter, Provigil guidelines have the following regarding Provigil (Modafinil) : "Not recommended solely to counteract sedation effects of narcotics." Modafinil is used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder. It is very similar to Amodafinil. Studies have not demonstrated any difference in efficacy and safety between

armodafinil and modafinil. The 12/31/14 report by ■■■ states that this is a psychotropic medication and requests that a board certified Psychiatrist conduct the Independent Medical Review. The 11/04/14 report by ■■■. states that prescribed medications interact to work together and removing one medication could cause worsened symptoms in all areas. This report states the patient has depression, anxiety and sleep disturbance. The other reports provided for review from 06/03/14 to 12/15/14 do not discuss Psych issues for this patient but document pain management and lower back pain. The 12/31/14 report appealing the utilization review references other reports regarding the need for the medication; however, these reports are not provided for review. The patient is documented with sleep difficulties; however, there is no documentation of excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder for which this medication is indicated. The request is not medically necessary.