

<b>Case Number:</b>	CM15-0006091		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Internal Medicine

### 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 39-year-old male, who sustained a devastating industrial injury to his back after a fall on 1/16/09. He has reported hip, bilateral leg pain and urinary symptoms post T12 fracture status post paraplegia. The diagnoses have included depression, paraplegia, compression fracture thoracic spine with residual paraplegia, nerve root irritation, rotator cuff strain right shoulder, incontinent of bladder without sensory awareness, urinary tract infection (UTI) and history of thrombophlebitis. Treatment to date has included conservative measures, wheelchair with roho cushion, surgical intervention, medications and diagnostics. Currently, the IW complains of hip to bilateral leg pain, which is much worse and agonizing preventing him from reasonable rest. He can tell he has an active bladder infection and has not been able to see the urologist. He also has not been seeing healing of his foot wound despite aggressive care and is concerned about losing the foot. The physical exam revealed he was anxious and in a wheelchair. There is palpable paraspinal myospasms. The urine dipstick in office revealed 3+ leukocytes confirming a urinary tract infection (UTI). The right leg revealed 2+ edema and he has some chest discomfort suggestive of fluid buildup. On 12/19/14 Utilization Review non-certified a request for Enemeez Plus 20/283mg #30 with 3 refills as prescribed on 11/20/14, Modafinil 100mg #30 as prescribed on 11/20/14, and Talwin NX 50/0.5mg as prescribed on 11/20/14, noting the Enemeez Plus 20/283mg #30 with 3 refills is not indicated when open sores are present. The Modafinil 100mg #30 as prescribed is not recommended to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. The

Talwin NX 50/0.5mg is designed to be used for short duration only. The Official Disability Guidelines (ODG) Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Enemeez Plus 20/283mg #30 with 3 refills as prescribed on 11/20/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.enemeez.com/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 77. Decision based on Non-MTUS Citation Enemeez.com <http://www.enemeez.com/products-enemeez-plus.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. Docusate is an active ingredient in Enemeez Plus. Medical records document a history of lumbar spine fracture, spinal cord injury, and paraplegia. Medical records document the long-term prescription of opioids. MTUS guidelines support the medical necessity of prophylactic treatment of constipation for patients prescribed opioid medications. The use of Enemeez Plus, which contains Docusate, is supported by MTUS. Therefore, the request for Enemeez Plus is medically necessary.

#### **Modafinil 100mg #30 as prescribed on 11/20/14: 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 Chapter, Modafinil (Provigil).

**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 (Provigil; ½).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Modafinil (Provigil). Official Disability Guidelines (ODG) Pain (Chronic) indicates that Modafinil (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. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The progress reports dated 11/20/14 and 12/29/14 do not document narcolepsy or obstructive sleep apnea. The utilization review letter dated 12/19/14 documented that Modafinil was used for drowsiness associated with opiate medications. Official Disability Guidelines (ODG) indicates that Modafinil (Provigil) is not recommended solely to counteract sedation effects. Provigil is indicated to improve wakefulness in adult patients with narcolepsy or obstructive sleep apnea.

The request for Modafinil is not supported by ODG guidelines. Therefore, the request for Modafinil 100 mg is not medically necessary.

**Talwin NX 50/0.5mg as prescribed on 11/20/14:** 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 Chapter, Pentazocine (Talwin, Talwin NX).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Talwin, Pentazocine (Talwin/Talwin NX).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses mixed agonists-antagonists. Mixed agonists-antagonists are opiate analgesics that include such drugs as Butorphanol (Stadol), Dezocine (Dalgan), Nalbuphine (Nubain) and Pentazocine (Talwin). Mixed agonists-antagonists have limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. Official Disability Guidelines (ODG) Pain (Chronic) indicates that Pentazocine (Talwin/Talwin NX) is not recommended for the treatment of chronic pain. Pentazocine (Talwin) has limited use among chronic pain patients because of their ceiling effect for analgesia that results in the analgesic effect not increasing with dose escalation. The progress reports dated 11/20/14 documented the prescription of Talwin NX (Pentazocine and Naloxone) for chronic pain. The use of Pentazocine (Talwin) is not supported by MTUS guidelines. Official Disability Guidelines (ODG) indicates that Talwin NX is not recommended for the treatment of chronic pain. Therefore, the request for Talwin NX is not medically necessary.