

<b>Case Number:</b>	CM15-0133147		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	05/21/1997
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 55 year old male, who sustained an industrial injury on 5/21/97. The injured worker was diagnosed as having muscle spasms, anxiety, nutritional disease, chronic pain, depression, sleep disorder and sexual disorder. Treatment to date has included 10 cans of Ensure a day, Norco 10mg, Provigil 200mg, Motrin 800mg, Vitamin D, Valium 2mg, Cialis 20mg, Wellbutrin 300mg, Soma 350mg, MS Contin 30mg and Fosamax, multiple back surgeries with decompression and fusions, right knee surgery. He requires a driver and caretaker 8 hours a day. On progress report dated 1/15/15, the provider noted (MRI) magnetic resonance imaging of lumbar spine, which revealed postoperative changes and some degeneration with mild to moderate degeneration above the level of the fusion. Currently on 6/9/15, the injured worker reports unchanged back problems; on 4/15/15, he complained of right knee problems and low back spasms shooting down his right leg. On 1/15/15, he rated the pain 6/10. Physical exam or objective findings were not documented on 6/9/15. The treatment plan included Ensure 300 cans, Norco 10mg, Provigil 200mg, Motrin 800mg, Vitamin D, Valium 2mg, Cialis 20mg, Wellbutrin 300mg, Soma 350mg, MS Contin 30mg and Fosamax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ensure 300 cans:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014, Wikipedia, Ensure.

**Decision rationale:** Ensure is the brand name of liquid nutritional supplements. These beverages are formulated to provide calories, protein and essential vitamins and minerals. Ensure is intended for supplemental use with or between meals and for interim sole-source nutrition. These products provide a source of nutrition in connection with aging, recovery from illness, injury or surgery, and managing physical and mental conditions that cause an inability or refusal to eat, appetite loss, or overall weight loss. In this case, there is no documentation that this nutritional supplement is medically necessary to specifically treat this patient's industrial condition. Medical necessity for the requested nutritional supplement has not been established. The requested supplement is not medically necessary.

**Provigil 200mg (unspecified quantity):** 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), 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: Modafinil.

**Decision rationale:** Provigil (Modafinil) is a wakefulness-promoting agent that is FDA approved for the treatment of wakefulness disorders such as narcolepsy, shift work disorder, and excessive daytime sleepiness associated with obstructive sleep apnea. Documentation does not indicate the injured worker had a reduction in opioid dosage to counteract sedation. There is also no quantity specified for this requested medication. Medical necessity for this medication has not been established. The requested Provigil is not medically necessary.

**Motrin 800mg (unspecified quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 21, 67-71.

**Decision rationale:** MTUS guidelines for non-steroidal anti-inflammatory agents (NSAIDs) recommend the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. Motrin has been prescribed since at least 11/17/14. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. In this case,

the injured worker has chronic pain with no evidence of prescribing for flare-ups. It is noted the pain was unchanged or worsened since previous visit. The MTUS recommends monitoring of blood tests; no results of blood tests were submitted. Due to length of use in excess of the guidelines and potential for toxicity, the request for Motrin 800mg is not medically necessary.

**Valium 2mg (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**Decision rationale:** According to CA MTUS guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. Tolerance to anxiolytic effects of Valium occurs within months and long-term use may actually increase anxiety. Tolerance to hypnotic effects develops rapidly and tolerance to the muscle relaxant effects occurs within weeks. There are no guideline criteria that support the long-term use of benzodiazepines. The injured worker has received Valium since at least 11/17/14. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Cialis (unspecified dosage and quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regence group - Cialis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

**Decision rationale:** Cialis (Tadalafil) is a medication used to treat erectile dysfunction and pulmonary arterial hypertension. It acts by inhibiting PDE-5 (cyclic guanosine monophosphate (cGMP)-specific phosphodiesterase-type 5), increasing cGMP to allow smooth-muscle relaxation and inflow of blood into the penis. The documentation indicates that the patient had erectile dysfunction on the basis of his current medical therapy. In addition, there is no specified dosage or quantity of this medication requested. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Soma 350 (unspecified quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Carisoprodol - Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29, 63.

**Decision rationale:** The CA MTUS does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. Soma (Carisoprodol) is the muscle relaxant prescribed in this case. This medication is sedating. This injured worker has chronic pain and has been utilizing Soma since at least 11/17/2014. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, Soma is categorically not recommended for chronic pain, noting its habituating and abuse potential. Per the MTUS, Soma is not indicated. The requested medication is not medically necessary.