

Case Number:	CM15-0163210		
Date Assigned:	09/03/2015	Date of Injury:	03/12/2003
Decision Date:	10/16/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/19/2015

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, California
 Certification(s)/Specialty: Emergency 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 52-year-old male, who sustained an industrial injury on 3-12-2003. The mechanism of injury is not described. The current diagnoses are severe complex lumbar spine pain with radiculopathy (this is a combination of post-laminectomy syndrome, lower extremity radiculopathy with neuropathia, scarring and fibrosis, and axial-mechanical low back pain), myofascitis, and sacroiliitis. According to the progress report dated 6-24-2015, the injured worker complains of increased symptoms of severe low back, buttock, and leg pain associated with numbness, burning episodes, and sharp, shooting pain. The pain is described as severe, constant, debilitating pain in his upper legs extending down to his calves to the level of his feet. On a subjective pain scale, he rates his pain 3-4 out of 10 with medications and 9-10 out of 10 without. The medication regimen makes it possible for him to perform his activities of daily living. The physical examination of the lumbar spine reveals moderate-to-severe tenderness in the high lumbar area down to the sacrum with exquisite tenderness over the sacrococcygeal junction, mild sacroiliac tenderness, decreased range of motion, pain with manipulation of the bilateral lower extremities, diminished sensation to pinprick diffusely in the lower leg, and grossly normal motor exam. The current medications are MSIR, Wellbutrin, Senokot, and Neurontin. Urine drug screen from 3-11-2015 was consistent with prescribed medications. Provigil, Zofran, Lexapro, and Trazadone were not listed on the injured workers current medication list. Treatment to date has included medication management and surgical intervention. Work status is not described. A request for Provigil, Zofran, Lexapro, and Trazadone has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil, 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
http://provigil.com/media/PDFs/prescribing_info.pdf.

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 (Provigil®).

Decision rationale: The MTUS does not provide direction for the use of modafinil or equivalents. The Official Disability Guidelines recommend against using modafinil to counteract the sedation caused by opioids unless "excessive narcotic prescribing" is first considered. There is no evidence in this case that such considerations have occurred. The Official Disability Guidelines stated that modafinil is indicated for treatment of narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and that prescribing should be accompanied by a complete evaluation of these disorders. The treating physician has not provided evidence of these disorders along with a complete evaluation for these conditions. In this case, the treating physician has provided only a brief mention and indications for modafinil. If prescribed for use with opioids, this is not a valid indication per the cited guidelines. There is no evidence of the other indications. Furthermore, the request does not include dosing or frequency. Modafinil is not medically necessary per the cited guidelines and the lack of clear indications.

Zofran, 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
<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000157>.

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

Decision rationale: The CA MTUS is silent regarding the use of Ondansetron. However, per the Official Disability Guidelines, Ondansetron (Zofran) is not recommended for nausea and vomiting secondary to chronic opioid use. Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005). In this case, the Official Disability Guidelines does not support Zofran for nausea and vomiting secondary to chronic opioid use. It is FDA approved for nausea and vomiting

secondary to chemotherapy, radiation treatment, and/or postoperative use. The submitted medical records failed to provide documentation regarding chemotherapy, radiation, or postoperative care that would support the use of Zofran. Furthermore, the prescription failed to provide a dose, frequency, and quantity. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Zofran is not medically necessary.

Trazodone, 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 Official Disability Guidelines, Trazodone; <http://www.drugs.com/pro/desyrel.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress: Trazodone (Desyrel).

Decision rationale: The CA MTUS do not address the request for Trazodone. According to the Official Disability Guidelines (ODG), Trazodone is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. There is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. In this case, the submitted medical records failed to provide documentation regarding sleep history and or diagnosis of insomnia that would support the use of Trazodone. In addition, there is no evidence that the injured worker has been diagnosed with coexisting depression or anxiety. Furthermore, the prescription failed to provide a dose, frequency, and quantity. Therefore, based on Official Disability Guidelines and submitted medical records, the request for Trazodone is not medically necessary.

Lexapro, 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 <http://www.drugs.com/lexapro.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, SSRIs (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenalin, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. See Antidepressants for chronic pain for general guidelines, as well as specific SSRI listing for more information and references. In this case, SSRIs are not recommended as a treatment for chronic pain. In addition, the submitted medical records failed to provide documentation regarding signs and symptoms and or a diagnosis of depression or anxiety that would support the use of Lexapro. Furthermore, the prescription failed to provide a dose, frequency, and quantity. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Lexapro is not medically necessary.

