

<b>Case Number:</b>	CM15-0163915		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	07/24/2001
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 56 year old female, who sustained an industrial injury on 7-24-2001. The current diagnosis is arm-wrist pain, status post right wrist surgery x 7. Medical records (1-28-2015 to 8-3-2015) indicate ongoing right arm pain. The level of pain is provided on a handwritten line scale, indicating low pain. The records also indicate that her physical functioning is improved with medications. Per notes, she is walking 5 out of 7 days and sometimes 2-3 miles at a time. The physical examination reveals slight tenderness over right upper extremity scar. No other significant findings were noted. The current medications are Exalgo, Dilaudid, Celebrex, Wellbutrin, Amrix, Zolpidem, and Nuvigil. Urine drug screen from 6-8-2015 was consistent with prescribed medications. There is documentation of ongoing treatment with Exalgo, Dilaudid, Nuvigil, and Zolpidem since at least 1-28-2015. It is unclear when Amrix was originally prescribed. Treatment to date has included medication management, home exercise program, chiropractic, cortisone injection, and surgical intervention. Work status is described as permanent and stationary. The request for authorization (8-3-2015) requested Exalgo, Dilaudid, Amrix, Bupropion, Celebrex, Aciphex, Zolpidem, and Glycolax. The original utilization review (8-5-2015) partially approved a request for Exalgo #108 and Dilaudid #189 (original request for Exalgo #120 and Dilaudid # 210) to allow for an attempt to wean, and non-approved a request for Amrix, Zolpidem, and Armodafinil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** Amrix is a long acting form of cyclobenzaprine. According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 3 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the request does not include dosing frequency or duration. The IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

**Zolpidem 10 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. The only reference to a sleep problem is that the patient is awakened by pain. This is an insufficient basis on which to dispense months or years of zolpidem. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. The reports do not show specific and significant benefit of zolpidem over time. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations, lack of specific benefit, and lack of sufficient evaluation of the sleep disorder.

**Armodafinil 150 MG Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The MTUS does not provide direction for the use of Armodafinil or equivalents like Nuvigil. The Official Disability Guidelines recommend against using armodafinil 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 armodafinil 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 not provided a specific indication for armodafinil. Additionally, the provider requested Ambien - a sleep aide. If prescribed for use with opioids, this is not a valid indication per the cited guidelines. There is no evidence of the other indications. Armodafinil is not medically necessary per the cited guidelines and the lack of clear indications.

**Exalgo 12 MG Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** Exalgo is the opiate, hydromorphone. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. The provider has also requested a prescription for dilaudid, also hydromorphone. In addition, the request does not include dosing frequency or duration. The request does not include dosing or frequency. The request for opiate analgesia is not medically necessary.

**Dilaudid 4 MG Qty 210:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing, Opioids, specific drug list.

**Decision rationale:** Dilaudid is an opiate, hydromorphone. CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The provider has also requested a prescription for Exalgo, also hydromorphone. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. The request does not include dosing or frequency. The request for opiate analgesia is not medically necessary.