

<b>Case Number:</b>	CM15-0189732		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	03/09/2004
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Oregon

Certification(s)/Specialty: Plastic Surgery, Hand Surgery

### 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 59 year old male, who sustained an industrial injury on 3-9-04. Medical records indicate that the injured worker is undergoing treatment for lumbar discogenic disease, lumbar radiculitis, lumbar facet arthropathy, cervical spine sprain-strain, thoracic spine sprain-strain, bilateral shoulder sprain-strain, bilateral elbow medical epicondylitis, right elbow cubital tunnel syndrome, bilateral carpal tunnel syndrome, right thumb tenosynovitis, bilateral ankle sprain-strain, right foot plantar fasciitis, sleep disturbance, depression, status-post right knee surgery, status-post right carpal tunnel release and status-post bilateral shoulder surgery. The injured worker was noted to be temporarily totally disabled. On (7-31-15) the injured worker complained of constant neck pain which radiated down the bilateral upper extremities and low back pain which radiated down the bilateral lower extremities. The pain was rated 8-out of 10 on average with medications and 10 out of 10 on average without medications on the visual analogue scale. The injured worker reported activity of daily living limitations in self-care, activity, ambulation, hand function and sleep due to pain. Percocet was noted to decrease the injured workers pain for four hours. Examination of the cervical spine revealed tenderness and a decreased range of motion. Sensation was decreased in the bilateral upper extremities and the cervical 6-7 dermatome. Lumbar spine examination revealed tenderness to palpation in the lumbosacral vertebral area and a decreased range of motion. Sensation was decreased in the lumbar five sacral one dermatome in the right lower extremity. A straight leg raise test was positive bilaterally. Subsequent progress reports (6-5-15 and 5-8-15) indicate that the injured workers pain levels were consistent at 8-9 on average with medications and 10 out of 10 on

average without medications. Treatment and evaluation to date has included medications, urine toxicology screening, electrodiagnostic studies, MRI, chiropractic treatments, electrodiagnostic studies, physical therapy and a home exercise program. Current medications include Ambien (since at least 2012), Xanax (since at least 2012), Percocet (since at least 2012), Provigil, Alprazolam, Amitiza, Clonidine, Dexilant DR and Zantac. The request for authorization dated 8-20-15 included requests for Ambien 10 mg # 30 with 1 refill. Percocet 10-325 mg # 120 with 1 refill, Provigil 100 mg # 30 with 1 refill and Xanax 1 mg # 15. The Utilization Review documentation dated 8-28-15 non-certified the requests for Ambien 10 mg # 30 with 1 refill. Percocet 10-325 mg # 120 with 1 refill, Provigil 100 mg # 30 with 1 refill and Xanax 1 mg # 15.

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

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

**Provigil 100mg #30 with 1 refill: 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 Idiopathic hypersomnia, Billiard M, Sonka K., Sleep Med Rev. 2015 Sep 3;29:23-33.

**Decision rationale:** Provigil (modafinil) is a medication that promotes wakefulness. It is thought to work by altering the natural chemicals (neurotransmitters) in the brain. The patient is on both sleeping aids and Provigil to promote wakefulness. In addition, he is on chronic narcotics. Evaluation and treatment by a sleep specialist is indicated to try to decrease the polypharmacy that this patient is utilizing to promote sleep. The request is not medically necessary.

**Percocet 10/325mg #120 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

**Decision rationale:** Per ACOEM, Initial Approaches to Treatment, page 47 and 48, OPIOIDS: Opioids appear to be no more effective than safer analgesics for managing most musculoskeletal and eye symptoms; they should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects, which the clinician should describe to the patient before prescribing them. Poor patient tolerance, constipation, drowsiness, clouded judgment, memory loss, and potential misuse or dependence have been reported in up to 35% of patients. Patients should be informed of these potential side effects. This patient has been on chronic opiates since 2012. ACOEM supports only short term opiate use for the management of acute pain. ACOEM does not recommend opiates for chronic pain. The request is not medically necessary.

**Ambien 10mg #30 with 1 refill:** 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 (Chronic): Ambien (2015).

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

**Decision rationale:** Per MTUS, Chronic Pain, Benzodiazepines, page 24: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The patient has been on chronic benzodiazepines for years. MTUS does not recommend long-term use. As noted above, sleep evaluation is indicated to manage the patient's sleep disorder. The request is not medically necessary.

**Xanax 1mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic): Alprazolam (2015).

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

**Decision rationale:** Per MTUS, Chronic Pain, Benzodiazepines, page 24: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The patient has been on chronic benzodiazepines for years. MTUS does not recommend long-term use. As noted above, sleep evaluation is indicated to manage the patient's sleep disorder. The request is not medically necessary.