

Case Number:	CM15-0196428		
Date Assigned:	10/12/2015	Date of Injury:	11/04/1999
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/06/2015

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: 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 42 year old female, who sustained an industrial injury on 11-4-99. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, unspecified; reflex sympathetic dystrophy of upper limb; postlaminectomy syndrome lumbar region; opioid type dependence, continuous use. Treatment to date has included physical therapy; status post spinal cord stimulator implant; status post intrathecal drug delivery implant system; medications. Currently, the PR-2 notes dated 8-12-15 indicated the injured worker complains of arm pain, headache, back pain and shoulder pain. The provider documents "pain is rated at least a 7 and at worst a 10. Medication improves her condition. The pain is characterized as sharp, dull, burning, aching, and pins and needles. The pain is constant and radiating. It is increased by no medications. It is decreased by medications, stress relief, stretching. The request for ITP [intrathecal pump] replacement was denied previously. Appeal was submitted last visit. Patient maintains that while the pump was functioning properly, she was able to take less oral pain medication and increase her activity level. Presently, patient's activity level as declined. She complains of increased right hip pain and unable to sleep." The provider notes "Patient was presenting with symptoms consistent with intermittent dosing and catheter malfunction of intrathecal delivery device. Patient complained of increased pain. Her goals are to decreased use of Percocet and increase her activity level. At one point, patient was walking and had lost 15 pounds. She has since stopped walking and has not been able to restart her walking program due to increased pain. Furthermore, patient was presenting frequently to the ER prior to the intrathecal pump. When the pump was functioning properly she did not have an ER visit." He is

re-requesting authorization for catheter and pump replacement. PR-2 notes dated April 2014 indicated the injured worker was prescribed these medications through an intrathecal drug delivery administration system. Medical documentation does not define the initial start date for Provigil 200 MG #60. A Request for Authorization is dated 10-6-15. A Utilization Review letter is dated 9-28-15 and modified the certification for Percocet 10/325 MG #120; Ambien 5 MG "to allow for weaning and or the submission of supporting documentation". The Utilization Review letter non-certified Provigil 200 MG #60 and Baclofen. A request for authorization has been received for Provigil 200 MG #60; Percocet 10/325 MG #120; Ambien 5 MG and Baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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.

Decision rationale: MTUS does not address this request. Provigil (Modafinil) is approved by the FDA for the treatment of Narcolepsy. ODG recommends reducing the dose of opiates before adding stimulants, if this medication is prescribed for sedation effects of opiate drugs. Physician report at the time of the request under review indicates that the injured worker is unable to sleep. Documentation further fails to indicate a diagnosis of Narcolepsy or other conditions that would warrant the use of Provigil. The request for Provigil 200 MG #60 is not medically necessary per guidelines.

Percocet 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. Documentation fails to demonstrate adequate objective improvement in the injured workers level of function or pain, to support the medical necessity for continued

use of opioids. In the absence of significant response to treatment, the request for Percocet 10/325 MG #120 is not medically necessary.

Ambien 5 MG: 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).

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 treatment.

Decision rationale: MTUS does not address this request. Ambien (Zolpidem) is a prescription short-acting non-benzodiazepine hypnotic, used for treatment of insomnia. Per guidelines, hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Documentation indicates that the injured worker has chronic pain and has been prescribed hypnotics for a period longer than recommend guidelines. Physician report fails to demonstrate adequate objective improvement in level of function, to support the medical necessity for continued use of Ambien. The request for Ambien 5 MG is not medically necessary per guidelines.

Baclofen: 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): Muscle relaxants (for pain).

Decision rationale: MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It has been noted to have benefits for off label use in treating lancinating, paroxysmal neuropathic pain such as trigeminal neuralgia. Documentation fails to indicate acute exacerbation or significant objective improvement in the injured workers pain or function with the use of Baclofen. The request for Baclofen is not medically necessary per guidelines.