

<b>Case Number:</b>	CM15-0197858		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 12-20-2008. Diagnoses have included cervicalgia, arthropathy of cervical facet joint, cervical degenerative disc disease, and brachial neuritis. Treatment identified in the provided documentation include chiropractic therapy, facet injections, there is a request for psychotherapy, and medication is stated to be "adequate." On 8-4-2015, the note states the injured worker reported neck and right upper extremity pain rated 4 out of 10 on the VAS pain scale, and characterized as "moderate, constant, deep, radiating, numbness, and tingling." Pain was noted to increase with retraction and extension while lying down and occurs constantly. She felt it was worsening. She stated she could perform activities of daily living and work on this regimen, but with limitations. The injured worker's medication includes use of Valium, Provigil and Zofran as "non-opioid analgesics," and opioid treatment includes MS IR. She has been decreasing Methadone by using Oxycodone. The most recent urine drug screen provided is dated 7-7-2015 and a narcotic contract is noted to be on file. The treating physician's plan of care includes 30 tablets of Valium 10 mg which was modified to 15 tablets on 9-14-2015, and Provigil which was denied. The injured worker has been receiving these medications for at least one year per the provided documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 10mg #30: Upheld**

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

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

**Decision rationale:** The claimant sustained a work injury in December 2008 when she slipped and fell and is being treated for chronic neck pain. When seen, she had right sided neck pain with right upper extremity radiating symptoms. Pain was rated at 4-5/10. She had stiffness, tenderness, and reduced range of motion. She had headaches and upper extremity weakness. She was having severe depression related to chronic pain and a psychiatric consultation had been requested. She had increased her Oxycodone after a decrease in methadone. Physical examination findings included obesity. There was cervical and right upper trapezius tenderness. There was restricted range of motion. Valium was restarted. Provigil was continued. Methadone and Oxycodone were prescribed at a total MED (morphine equivalent dose) of 380 mg per day. Valium (diazepam) is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

**Provigil 200mg #30:** 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), Treatment Index, 13th Edition (web), 2015 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 (Chronic), Modafinil (Provigil).

**Decision rationale:** The claimant sustained a work injury in December 2008 when she slipped and fell and is being treated for chronic neck pain. When seen, she had right sided neck pain with right upper extremity radiating symptoms. Pain was rated at 4-5/10. She had stiffness, tenderness, and reduced range of motion. She had headaches and upper extremity weakness. She was having severe depression related to chronic pain and a psychiatric consultation had been requested. She had increased her Oxycodone after a decrease in methadone. Physical examination findings included obesity. There was cervical and right upper trapezius tenderness. There was restricted range of motion. Valium was restarted. Provigil was continued. Methadone and Oxycodone were prescribed at a total MED (morphine equivalent dose) of 380 mg per day. Provigil (modafinil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is not recommended solely to counteract the sedating effects of opioid medications until after first considering reducing excessive narcotic prescribing. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than three times that recommended and weaning is indicated. Ongoing prescribing of Provigil is not medically necessary.