

<b>Case Number:</b>	CM15-0020296		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 41 year old female, who sustained an industrial injury on 12/20/2008. She has reported subsequent neck and right upper extremity pain and was diagnosed with cervicalgia, arthropathy of cervical facet joint and brachial neuritis. The MRI of the cervical spine showed multilevel degenerative disc disease, disc bulge and facet arthropathy. Treatment to date has included oral pain medication and chiropractic therapy. In a progress note dated 12/13/2014, the injured worker complained of continued neck pain radiating to the upper extremities associated with numbness and tingling sensations. The pain score was rated at 5/10 on a 0 to 10 scale. Objective physical examination findings were notable for tenderness of the upper trapezius area and paravertebral cervical muscles and decreased range of motion of the cervical spine. A request for authorization of refills of Provigil and Valium was made. The medications listed are Methadone, Zofran, Baclofen, Cymbalta, Valium, Provigil and Oxycodone. The UDS report dated 12/11/2014 was noted to be consistent with prescribed medications. On 01/07/2015, Utilization Review non-certified a request for Provigil, noting that there was no documented excessive sleepiness associated with narcolepsy, obstructive sleep apnea or shift work sleep disorder to support the request and modified a request for Valium from 30 tablets of 10 mg between 01/02/2015 and 02/16/2015 to a one week supply at an initial slow taper of 10%, noting that benzodiazepines are not recommended for long term use. MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tablets of Provigil 200mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stimulants

**Decision rationale:** The CA MTUS did not address the use of stimulants in chronic pain management. The ODG guidelines recommend that stimulants can be utilized for short term treatment of excessive daytime sedation associated with the use of opioids and sedatives. The guidelines recommend that the first step in the treatment of excessive pain medications induced sedation is reduction in the total dosages of opioid and sedative medications. The chronic use of stimulants is associated with the development of tolerance, dependency, insomnia, nervousness and agitation. The records indicate that the patient is utilizing high doses of multiple opioids and sedative medications. The records did not specify the indication for the utilization of Provigil. There is no documentation that reduction in total opioid and sedative dosage had failed to resolve any somnolence or daytime sedation symptoms. The criteria for the use of Provigil 200mg #30 was not met.

**30 tablets of Valium 10mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that the use of benzodiazepines for the treatment of anxiety associated with chronic pain should be limited to short term periods of less than 4 weeks. The chronic use of benzodiazepines in chronic pain patients is associated with increased incidence of tolerance, dependency, addiction, excessive sedation and adverse interaction with opioids and other sedatives. It is recommended that antidepressants with anxiolytic and analgesic actions be utilized as first line options in the treatment of chronic pain patients with psychosomatic symptoms. The records indicate that the patient is utilizing high doses of multiple opioids, sedatives and psychiatric medications. The patient was utilizing stimulant to possibly counteract the excessive sedative effects of opioids and benzodiazepines. The guidelines recommend that reduction in sedative medications be implemented as first line step before the utilization of stimulants. The criteria for the use of Valium was not met.

