

<b>Case Number:</b>	CM15-0221295		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	11/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial injury on 8-31-99. The injured worker was diagnosed as having multilevel cervical spine facet syndrome; chronic pain syndrome-cervical spine; status post spinal cord stimulator implant (8-25-05 - multiple revisions). Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 10-19-15 indicated the injured worker complains of continued symptomatic "neck pain but notes significant improvement in pain and improvement in function with his current medication regimen. This has allowed the patient to continue working full-time 6 to 10 hours per day. The patient to receive 90 day fills on his medications." The injured worker reports being symptomatic with neck pain that radiates to both shoulders left greater than right. The pain is reported in the left rhomboid muscle and left trapezius muscle with constant headaches that increases or decrease intensity based on activity levels. The provider notes prior treatment includes, physical therapy, trigger point injections and acupuncture. He has also had cervical epidural steroid injections, which are reported as not helpful. He has had medial branch blocks with some benefit and then has a radiofrequency rhizotomy C2-C7 bilaterally in 2004 with good results. He has had peripheral nerve stimulation for headaches in 2005 with subsequent lead revisions x3. He was treated for uncontrollable pain and depression and followed up with psychotherapy and counseling, hospitalization. His current medications are listed as: Oxycodone, Oxycodone ER, Hydromorphone, Flexeril, Lyrica, and Modafinil for daytime wakefulness, Clonazepam, Fioricet, Duloxetine, Tylenol ES and Lactulose. The provider documents; "On a visual analog scale, the patient rates his pain a 5 out of 10 with medications. He rates his pain at 10 out of 10 without medications. Overall, the patient notes 50% improvement in pain as well as greater than 50% improvement in function with his current medication regimen. He is experiencing no side effects

from his medications except mild constipation, which is well treated with lactulose. There is no evidence of drug seeking behavior; signed an opioid contract, remains compliant with those terms. Urine drug screening has demonstrated evidence of compliance with prescribed medications." The treatment plan includes a refill of medications include Modafinil for daytime drowsiness secondary to medications. The provider documents "The Modafinil successfully treats the daytime somnolence and allows him to continue working at a very productive level. Fioricet one every day PRN for severe headache." The PR-2 notes dated 7-20-15 indicate these same medications were prescribed for the same symptoms and pain ratings in severity. A Request for Authorization is dated 11-10-15. A Utilization Review letter is dated 11-2-15 and non-certification for Modafinil 100mg #180 and Fioricet 50-325-40mg #90. A request for authorization has been received for Modafinil 100mg #180 and Fioricet 50-325-40mg #90.

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

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

#### **Modafinil 100mg #180: Overturned**

**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) - Modafinil (Provigil).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Modafinil (Nuvigil).

**Decision rationale:** MTUS Guidelines do not address this issue directly, however the MTUS Guidelines allow for opioid use if its use is associated with functional outcomes, which is best supported by continued working. This individual continues to work and the treating physician has documented that this is in part due to amount of opioid utilized for adequate pain relief and continued working. The ODG Guidelines allow for the use of Modafinil if opioids are indicated at a specific dosage, but there are side effects with sedation. This individual appears to meet this narrow Guideline criteria which is supported by maintaining work activities. Under these circumstances, the Modafinil 100mg #180 is supported by Guidelines and is medically necessary.

#### **Fioricet 50/325/40mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

**Decision rationale:** MTUS Guidelines are very specific with the recommendation that barbiturate-containing analgesics (Fioricet) are not recommended. The Guidelines note the frequency of rebound headaches as a result of use and the intended sedating properties are not medically appropriate for long term use. There are no unusual circumstances to justify an exception to Guidelines. The Fioricet 50/325/40mg #90 is not supported by Guidelines and is not medically necessary.