

<b>Case Number:</b>	CM15-0082558		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	06/04/1991
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2015

### 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 58 year old female, who sustained an industrial injury on 6/4/91. The injured worker has complaints of right wrist pain. The diagnoses have included complex regional pain syndrome (complex regional pain syndrome (CRPS), right upper extremity with mirror image finding on left upper extremity and carpal tunnel syndrome. Treatment to date has included stellate ganglion block; magnetic resonance imaging (MRI) of her right shoulder and neck; magnetic resonance imaging (MRI) of her right shoulder; morphine sulfate immediate release; cymbalta; oxcarbazepine; desipramine; docusate and Provigil. The request was for morphine sulfate immediate release 30mg #90; cymbalta 30mg one in the morning and two by mouth at bedtime #90 with 3 refills; oxcarbazepine 150mg 6 by mouth every 12 hours #360 with 3 refills; desipramine 25mg 3 by mouth at bedtime with 3 refills; docusate 250mg 2 by mouth every 12 hours #120 with 3 refills and provigil 200mg 1 by mouth every day #30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MSIR 30 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Opioids.

**Decision rationale:** According to the CA MTUS and the ODG, MSIR is an opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical Records do mention subjective improvement, but do not indicate that the use of this medication has been effective in maintaining, any measurable objective evidence of functional benefits. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment: MSIR is not medically necessary.

**Cymbalta 30 mg 1 am 2 po qhs #90 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, SNRI's Page(s): 13, 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cymbalta; Antidepressants for chronic pain.

**Decision rationale:** According to the California MTUS Guidelines, antidepressants are indicated for the treatment of chronic musculoskeletal pain. They are recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Cymbalta (Duloxetine) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRI). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy. In this case, there is no documentation of objective functional benefit with prior medication use. The medical necessity for Cymbalta has not been established. The requested medication is not medically necessary.

**Oxcarbazepine 150 mg 6 po q12 h #360 with 3 refills:** 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 Anti-epilepsy drugs (AEDs) and Oxcarbazepine (Trileptal) Page(s): 16-18, 21.

**Decision rationale:** MTUS recommend Oxcarbazepine for neuropathic pain. The guidelines specify that there should be documentation of pain relief, improvement in function and side

effects. In this case, there is no clear documentation of objective functional benefit with prior medication use. The medical necessity for Oxcarbazepine has not been established. The requested medication is not medically necessary.

**Desipramine 25 mg 3 po #90 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics Page(s): 122.

**Decision rationale:** As per MTUS Tricyclics are recommended. These are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Within the submitted medical records, there is no discussion if use of this medication has any objective functional benefit. The medical necessity for Desipramine has not been established. The requested medication is not medically necessary.

**Docusate 250 mg 2 po q 12 h #120 with 3 refills: Upheld**

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

**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-- Opioid-induced constipation treatment.

**Decision rationale:** According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Second-line: If the first-line treatments do not work, there are other second-line options. About 20% of patients on opioids develop constipation, and some of the traditional constipation medications don't work as well with these patients, because the problem is not from the gastrointestinal tract but from the central nervous system, so treating these patients is different from treating a traditional patient with constipation. In this case of injured worker, discussion about first line treatment cannot be located within the submitted medical records. Also, with non-approval of opioid use, the medical necessity of Docusate is not established. The requested medication is not medically necessary.

**Provigil 200 mg 1 po qd #30 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Provigil).

**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-- Provigil.

**Decision rationale:** This prescription for Provigil is evaluated in light of the Official Disability Guidelines (ODG) recommendations. Per ODG Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. Adverse effects: This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. Common adverse effects include headache, nausea, nervousness, rhinitis, diarrhea, back pain, anxiety, insomnia, dizziness, and dyspepsia. Prescribers using Provigil for sedation effects of opiate should consider reducing the dose of opiates before adding stimulants. The submitted Medical records of this injured worker do not clearly indicate the rationale for requested treatment. The Requested Treatment: Provigil is not medically necessary and appropriate.