

Case Number:	CM15-0087369		
Date Assigned:	05/11/2015	Date of Injury:	01/05/2004
Decision Date:	06/26/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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 50 year old male who sustained an industrial injury on 1/5/04 while lifting a heavy bag he experienced a pulling sensation in the lower back with radiation to the legs and was unable to straighten up due to the pain. He received chiropractic care, underwent lumbar MRI which showed L4-5 disc pathology, failed epidurals before he was found to have central stenosis. He complains of low back pain radiating into his leg with radicular pain. He has numbness and tingling in his feet and weakness of the right leg; numbness and tingling of the hands. His pain level is 6/10; neck pain radiating down hands to arms bilaterally with pain level of 5/10; right wrist pain rated 5/10 and right knee pain with feeling of it giving out. Industrial medications are Tramadol, Restoril, Prevacid, Prilosec, Nuvigil, Effexor and Celexa. Diagnoses include erectile dysfunction post 2008 surgery; diabetes; lumbar sprain; arthritis of the lumbar spine; lumbar intervertebral disc; lumbar stenosis; status post anterior lumbar fusion; cervical sprain; depressive disorder. Diagnostics include right wrist x-ray showing no evidence of fracture. On 4/1/15 the treating provider requested alprazolam, Nuvigil and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Health and Stress - major depression.

Decision rationale: MTUS Guidelines address this issue in relation to the monitoring of opioid medications. The Guidelines allow for a wide variation on the frequency of visits depending upon the specific circumstances. It is clear that this individual will need medication management sessions, but what is not made clear is the medical necessity of pre-authorization for an unknown number of future visits. This may need to become more frequent or less frequent depending upon the medications and stability of the individual even though it is estimated to be on a bimonthly basis. Guidelines support medical monitoring, but open ended authorization of future visits of unknown quantities is not specifically supported by Guidelines and is not the standard of care. ODG Guidelines review reasonable treatment amounts of physiological issues. The visit amounts can be quite extensive and still be reasonable, but nowhere do Guidelines suggest open ended authorization. Under these circumstances, the request for an unknown number of future medication management sessions is not supported by Guidelines and is not medically necessary.

One prescription of Nuvigil 150mg #30 with 2 refills: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain - Nuvigil www.nuvigil.com <http://psychcentral.com/blog/archives/2013/08/31/nuvigil-not-better-than-placebo-for-depression-symptoms-in-bipolar/>.

Decision rationale: MTUS Guidelines do not address this medication. ODG Guidelines specifically addresses use of Nuvigil for fatigue that may be associated with opioid use and the Guidelines do not recommend its use under this circumstance. There have been trials of the drug to treat symptoms associated with major depression and the manufacturer has withdrawn applications for this purpose as it was not any better than the placebo arm of the study. There are no unusual circumstances to justify an exception to Guidelines or FDA approved indications for this drug. The Buvigil 150mg #30 with 2 refills is not medically necessary.

One prescription of Alprazolam 0.5mg #60 with two refills: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Anxiety medications in chronic pain.

Decision rationale: MTUS Guidelines provide a short review of the drug class Benzodiazepines and the Guidelines do not recommend their long term use. ODG Guidelines specifically addresses this issue at length with updated information. The Guidelines continue to state that long term use of Benzodiazepines are not recommended for a generalized anxiety disorder and alternative medications are recommended. In addition, there is very data the implicates this class of drugs as a causal factor for early dementia which should bring pause to anyone who utilizes them on a long term basis. There are no unusual circumstances to justify an exception to Guidelines and alternatives are supported in Guidelines. The Alprazolam .5mg #60 with 2 refills is not medically necessary.

One prescription of Fioricet #60 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesics Page(s): 23.

Decision rationale: MTUS Guidelines are very specific the use of Barbiturate based medications are not recommended for the treatment of chronic pain. It is documented that this is being utilized on a frequent basis for tension headaches. With long term use this drug causes rebound headaches and often becomes the problem instead of the cure. The prescription for Fioricet #60 with 2 refills is not supported by Guidelines and is not medically necessary.