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| <b>Case Number:</b>   | CM14-0166061 |                              |            |
| <b>Date Assigned:</b> | 10/16/2014   | <b>Date of Injury:</b>       | 07/26/2000 |
| <b>Decision Date:</b> | 11/18/2014   | <b>UR Denial Date:</b>       | 09/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/08/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55 year old male with a date of injury on 7/26/2000. As per 10/7/14 report, he presented with pain in the dorsolumbar area and trouble walking and also increased dizziness. The 9/16/14 report revealed subjective findings of low back pain and objective findings of spasm upon wakening and continued low back pain. On 1/3/14 he did complain of ringing in the ears. Current medications include Nuvigil, Orphenadrine Citrate, Cymbalta, Meclizine, gabapentin, Norco and Trazodone. He was prescribed Nuvigil for excessive sleeping and fatigue, Orphenadrine Citrate for stiffness and pain, Cymbalta for depression, Meclizine for vertigo, and gabapentin for radicular pain. It was reported that medications do help and that he needs to be on the same medications but no specific benefits to any specific medication had been documented. He was on Cymbalta since 6/13/12. Diagnoses include low back pain, headaches, dizziness and giddiness, and anxiety disorder in conditions classified elsewhere. The request for Nuvigil 150mg #30, Orphenadrine Citrate CR extended release 100mg, Cymbalta delayed release 60mg, Meclizine hydrochloric acid 25mg, Gabapentin 800mg was denied on 09/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg #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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Armodafinil (Nuvigil)

**Decision rationale:** Per guidelines, Nuvigil is only indicated for the treatment of excessive sleepiness caused by narcolepsy or shift work disorder, but not indicated for the treatment of sleepiness caused by opioids. In this case, there is no documentation of narcolepsy or shift work disorder. Furthermore, it was reported that medications do help and that he needs to be on the same medications but no specific benefits to any specific medication had been documented. Therefore, the request is considered not medically necessary per guidelines and due to lack of documentation.

**Orphenadrine Citrate CR ER 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** Per guidelines, Orphenadrine is used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. This drug is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Chronic use of muscle relaxants is not recommended by the guidelines. In this case, there is no documentation of substantial muscle spasm refractory to first line therapy. There is no documentation of any stretching exercise to treat muscle spasm. There is no documentation of any significant improvement in pain and function with prior use. Thus, the medical necessity for Orphenadrine is not established.

**Cymbalta DR 60mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; Cymbalta (duloxetine) Page(s): 15; 42.

**Decision rationale:** Per guidelines, Duloxetine (Cymbalta) is an antidepressant in the class called selective serotonin and norepinephrine reuptake inhibitors, Food and Drug Administration approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. In this case, It was reported that medications do help but no specific benefits to any specific medication had been documented. There is no documentation of any significant improvement of depression or anxiety with its use. There is no diagnosis of diabetic neuropathy or fibromyalgia. The medical records do not establish the medical necessity of Cymbalta due to lack of documentation.

**Meclazine HCL 25mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**Decision rationale:** Chronic Pain Medical Treatment Guidelines/ American College of Occupational and Environmental Medicine guidelines do not address the issue. Thus, Drugs.com was consulted. Meclazine, is H1 antihistamine which is used as an anti-emetic agent. It is indicated in the management of nausea, vomiting and dizziness associated with motion sickness. It is also used to treat symptoms of vertigo caused by disease. In the case, the records indicate that the injured worker has dizziness. It was reported that medications do help but no specific benefits to any specific medication had been documented. Furthermore, there is no documentation of a detailed assessment to identify the etiology of dizziness. Therefore, the request is not medically due to lack of documentation.

**Gabapentin 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** According to the guidelines, an anti-epilepsy drug, such as Gabapentin, is recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, for which has been considered as a first-line treatment. In this case, there is little to no information of neuropathic pain and it is reported that medications do help but no specific benefits to any specific medication had been documented. Therefore, the medical necessity of Gabapentin has not been established under the guidelines and based on the available information.