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| Case Number: | CM15-0005274 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 05/21/1997 |
| Decision Date: | 03/12/2015 | UR Denial Date: | 12/30/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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: Physical Medicine & Rehabilitation, 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 54-year-old male, with a reported date of injury of 05/21/1997. The diagnoses include lumbar radiculopathy, status post several back surgeries, and failed back surgery. Treatments have included an MRI of the lumbosacral spine, which showed gross abnormalities; and oral medications. The supplemental report dated 12/16/2014 indicates that the injured worker had not changed much since the last evaluation. The injured worker continued on the same medication. The treating physician indicated that it would be nice if the injured worker could be off some of the medications, but prior attempts of that had not worked very well at all. The injured worker had episodes of sharp pain in his low back radiating down his right leg, which caused him to fall down. The treating physician indicated that the injured worker takes Provigil to keep him from falling asleep, Ensure to help with weight gain, Soma for muscle relaxation, Valium for muscle relaxation, and Motrin for anti-inflammatory. On 12/30/2014, Utilization Review (UR) denied the request for Provigil, Soma, Motrin, Valium, Cialis, and Ensure, and noted that there was no evidence to justify the long-term administration of a muscle relaxer; no documentation to justify the long-term administration of non-steroidal anti-inflammatory drug (NSAID) medications; no documentation of medical necessity to support the need for Soma; the injured worker is being treated for erectile dysfunction secondary to medication use; and no clear indication that Ensure is medically necessary to specifically treat the injured worker's industrial condition. The MTUS ACOEM Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Modafinil (Provigil®)

Decision rationale: Regarding the request for Provigil (modafinil), California MTUS and ACOEM do not contain criteria for the use of Provigil, ODG states the Provigil is not recommended solely to counteract sedation effects of narcotics. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy, OSA, or shift work sleep disorder. In the absence of such documentation, the currently requested Provigil is not medically necessary.

Soma: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for Soma, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma is not medically necessary.

Motrin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Motrin, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in

patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Motrin is not medically necessary.

Valium: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.

Cialis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cialis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/monograph/cialis.html>

Decision rationale: Regarding the request for tadalafil (Cialis), CA MTUS and ODG do not address the issue. FDA indications for Cialis include erectile dysfunction and BPH. Within the documentation available for review, there is no current documentation identifying the patient's response to treatment with Cialis and there is no indication that a urological workup has been performed to identify the cause of the patient's erectile dysfunction. In the absence of clarity regarding the above issues, the currently requested tadalafil (Cialis) is not medically necessary.

Ensure: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: Regarding the request for Ensure, CA MTUS, ACOEM, and ODG do not specifically address the issue, although the CA MTUS and ACOEM do note that, to achieve functional recovery, patients must assume certain responsibilities. Examples include staying active, adhering to exercise and medication regimens, keeping appointments, and taking responsibility for their moods and emotional states. Within the documentation available for review, the provider does not clearly identify why the patient requires supplementation with Ensure rather than appropriate balanced meals to meet his nutritional needs and it does not appear that the current usage of Ensure is providing any objective benefit given that the provider notes an inability to gain weight despite taking 10 cans per day. In the absence of clarity regarding the above issues, the currently requested Ensure is not medically necessary.