

Case Number:	CM15-0178324		
Date Assigned:	09/18/2015	Date of Injury:	06/26/1997
Decision Date:	11/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/10/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 62 year old male, who sustained an industrial injury on 6-26-1997. The injured worker was diagnosed chronic low back pain, arthropathy of lumbosacral facet joint, lumbar degenerative disc disease, and lumbar radiculopathy. The request for authorization is for: Provigil 100mg #30, Tizanidine 4mg #60, Oxycontin 40mg #60, and magnetic resonance imaging of the lumbar spine without contrast; and Norco 10-325mg #120. The UR dated 8-13-2015: certified Norco 10-325mg #120; non-certified Provigil 100mg #30, Tizanidine 4mg #60, Oxycontin 40mg #60, and magnetic resonance imaging of the lumbar spine without contrast. On 4-15-2015, he reported back pain rated 8 out of 10. He indicated that Zanaflex, Oxycontin, Lidoderm and Norco are adequately helping with his pain. He indicated there were no adverse side effects. The provider noted a current opioid contract was in the office. He is noted to have tenderness and a decreased lumbar range of motion, and tenderness and spasm noted in the right leg and diminished sensation in the left leg. On 8-4-2015, he reported back pain rated 8 out of 10. He denied adverse side effects to his current medications of Provigil, Oxycontin, Zanaflex, and Norco. He reported the current medications to be "adequate." He also reported increased back spasms that were making it difficult for him to sleep. Examination revealed tenderness and decreased low back range of motion with spasms noted, and tenderness in the legs. The records do not discuss pain reduction and the level of pain with the use of the requested medications. The treatment and diagnostic testing to date has included: medications, urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov>.

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

Decision rationale: Provigil (Modanafil) is a wakefulness-promoting agent that is FDA approved for the treatment of wakefulness disorders such as narcolepsy, shift work disorder, and excessive daytime sleepiness associated with obstructive sleep apnea. In this case, the medication is being prescribed to counteract the effects of narcotics. The medication is not approved for this use. There is no documentation indicating the patient has any condition requiring the use of Provigil. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to the CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, there is no documentation of functional improvement with use of this medication. Also, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Medical necessity for the requested medication has not been established. The requested medication, Zanaflex, is not medically necessary.

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycontin (Oxycodone) is a long-acting opioid analgesic. 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 insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In this case, there is no documentation of functional improvement with use of the medication. Medical necessity of the requested opioid analgesic has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested Oxycontin is not medically necessary.

MRI lumbar spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the Lumbar Spine.

Decision rationale: According to the ODG, an MRI of the lumbar spine is recommended to evaluate for evidence of cauda equina, tumor, infection, or fracture when plain films are negative and neurologic abnormalities are present on physical exam. In this case, the patient had an MRI of the LS spine more than 5 years ago and there is no indication for a repeat study at this time. There are no new subjective complaints of increased back pain, radiculopathy, bowel or bladder incontinence, and there are no new neurologic findings on physical exam. Therefore, there is no specific indication for an MRI of the lumbar spine. Medical necessity for the requested MRI has not been established. The requested imaging is not medically necessary.