

Case Number:	CM15-0179690		
Date Assigned:	09/21/2015	Date of Injury:	04/30/2000
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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: Emergency 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 04-30-2000. Current diagnoses include lumbar spine radiculitis, status post bilateral hip replacement, psych diagnosis, gastritis, left knee pain, obesity, sleep apnea, and status post bariatric surgery (02-2012). Report dated 08-03-2015 noted that the injured worker presented for ongoing pain, last seen on 02-16-2015. The injured worker stated that the left leg rod needs to come out secondary to pain. The physician noted that the pain is tolerable with the current regimen, and medications allow the patient to increase function. Other complaints include ongoing anxiety and depression, and left hip pain. Pain level was not included. Physical examination performed on 08-03-2015 revealed right knee swelling and erythema, antalgic gait, positive straight leg raise, central obesity, and crepitation with range of motion of the left knee. Previous diagnostic studies included MRI's and urine drug screens. Current medications included Prilosec, Tramadol, and Flexeril. Previous treatments included medications, and surgical interventions. The treatment plan included restarting regimen, urine tox screen to show compliance, CURES, the patient is trying to change primary to another surgeon, patient needs new psych, continue psych medications until new provider, and follow up in one month. The utilization review dated 09-02-2015, non-certified / modified the request for Topiramate, Tramadol HCL, Cyclobenzaprine, Clonazepam, and Modafinil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil tab 100mg #30: Upheld

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

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

Decision rationale: The MTUS guidelines are silent regarding this topic. According to the Official Disability Guidelines, Modafinil (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. Dose: The standard dose for these conditions is 200mg a day. The dose should be reduced to for patients with severe hepatic impairment. Modafinil is increasingly being used as a cognitive enhancer. Although initially launched as distinct from stimulants that increase extracellular dopamine by targeting dopamine transporters, recent preclinical studies suggest otherwise. There is need for heightened awareness for potential abuse of and dependence on Modafinil. Prescriptions for Modafinil have rapidly increased in recent years, and most of this increase is due to off-label use, according to a JAMA study, with 89% of patients prescribed Modafinil not having an on-label diagnosis. In this case, the use of Provigil is not indicated. This is secondary to inadequate documentation of a condition, which would qualify for its use. Therefore, the request is not medically necessary.

Topiramate tab 100mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic)/Anti-epilepsy drugs (AEDs) for pain.

Decision rationale: Topamax is categorized as an anti-epileptic, which is usually used for neuropathic pain. The guideline specifically states that Topiramate (Topamax, generic available) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anti-convulsants fail. Topiramate has recently been investigated as an adjunct treatment for obesity, but the side effect profile limits its use in this regard. In this case, the use of this medication is not indicated. This is secondary to poor demonstration of pain, which has not responded to a trial of first-line anti-convulsant medication. Therefore, the request is not medically necessary.

Tramadol HCL tab 50mg #60 with 1 refill: 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 rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of Tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. Therefore, the request is not medically necessary.

Cyclobenzaprine tab 10mg #30: 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: The request is for the use of a muscle relaxant to aid in pain relief. The MTUS guidelines state that the use of a medication in this class is indicated as a second-line option for short-term treatment of acute exacerbations of low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, which can increase mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain improvement. Efficacy appears to diminish over time, and prolonged use may lead to dependence. Due to inadequate documentation of a recent acute exacerbation and poor effectiveness for chronic long-term use, the request is not medically necessary.

Clonazepam tab 0.5mg #30: 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): Benzodiazepines.

Decision rationale: The request is for the use of a medication in the category of benzodiazepines. It is usually indicated to treat anxiety disorders but has been used short-term as a muscle relaxant. The MTUS guidelines state that 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. Their range of action includes benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant. Tolerance to anti-convulsant and muscle relaxant effects occurs within weeks. In this case, a medication in this class would not be advised for continued use due to the duration of therapy. Therefore, the request is not medically necessary.