

Case Number:	CM15-0038599		
Date Assigned:	03/09/2015	Date of Injury:	12/02/2000
Decision Date:	04/20/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/02/2015

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

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 67 year old male, who sustained an industrial injury on December 2, 2000. The diagnoses have included neck pain, pain in the lower back, sacroiliac joint arthritis. Currently, the injured worker complains of moderate, daily symptoms. The medications are fairly adequate with no complaints of side effects. The evaluating physician notes that there is no evidence of diversion; malingering or aberrant drug-seeking behavior and the medications improve the injured worker's quality of life and increased overall daily functionality. The injured worker reports a 50% relief of pain with the medication and notes he is able to perform activities such as bathing, grooming, dressing, preparing meals, and shopping with the aid of his medication. A urine drug screen was collected on 1/15/2015. On February 16, 2015 Utilization Review non-certified a request for Ambien 10 mg #30, Oxycodone 5 mg #60, Neurontin 300 mg #90 and Provigil 200 mg #60, noting that there is no documentation of a negative review of systems with anxiety, noting that Provigil is not within the scope of pain management, noting that documentation does not demonstrate the signs and symptoms consistent with a neuropathic condition and noting that there must be functional improvement documented related to the use of oxycodone. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On March 2, 2015, the injured worker submitted an application for IMR for review of Ambien 10 mg #30, Oxycodone 5 mg #60, Neurontin 300 mg #90 and Provigil 200 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg Qty 30, 1 by mouth every night: 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 Official disability guidelines Pain chapter, Insomnia treatment.

Decision rationale: Based on the 1/29/15 progress report provided by the treating physician, this patient presents with moderate neck pain, and pain in the lower back. The treater has asked for AMBIEN 10MG QTY 30 1 BY MOUTH EVERY NIGHT on 1/29/15. The request for authorization was not included in provided reports. The patient reports greater than 50% relief in pain with the current medications per 1/29/15 report. The patient's current medications are Voltaren gel, Provigil, Oxycodone, Neurontin, Lidoderm patch, and Ambien per 1/29/15 report. The patient is currently not working. ODG guidelines, Drug Formulary, have the following regarding Ambien for insomnia: "Zolpidem --Ambien --generic available--, Ambien CR"-- is indicated for the short-term treatment of insomnia with difficulty of sleep onset --7-10 days--. Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found Ambien CR to be effective for up to 24 weeks in adults". Ambien is on the list of current medications for this patient in reports dated 8/11/14, 11/6/14, and 1/29/15. In this case, the treater states that Ambien "is necessary for him to initiate sleep" as patient has "difficulty sleeping due to pain from his industrial injury" per 1/29/15 report. However, the patient does not have a diagnosis of insomnia. Furthermore, the treater does not mention that this is for a short-term use. The ODG Guidelines do not recommend long-term use of this medication, and the patient has been taking Ambien for more than 5 months. Therefore, the current request IS NOT medically necessary.

Neurontin 300 mg Qty 90, 1 by mouth 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: Based on the 1/29/15 progress report provided by the treating physician, this patient presents with moderate neck pain, and pain in the lower back. The treater has asked for NEURONTIN 300MG QTY 90 1 BY MOUTH 3 TIMES DAILY on 1/29/15. The request for authorization was not included in provided reports. The patient reports greater than 50% relief in pain with the current medications per 1/29/15 report. The patient's current medications are Voltaren gel, Provigil, Oxycodone, Neurontin, Lidoderm patch, and Ambien per 1/29/15 report. The patient is currently not working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for

treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Gabapentin is listed in the patient's current medications in 8/11/14, 11/6/14, and 1/29/15 reports. The patient has chronic back/neck pain but there is a lack of documentation of neuropathic symptoms. However, the treater does not adequately discuss how Gabapentin is benefiting the patient. There is no evidence that the treater has documented improvement in pain and function as MTUS pg. 60 requires for medications used for chronic pain. The treater does not provide an explanation as to why this medication is being prescribed. The request IS NOT medically necessary.

Provigil 200 mg Qty 60, 1 by mouth 2 times daily: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines pain chapter, nuvigil.

Decision rationale: Based on the 1/29/15 progress report provided by the treating physician, this patient presents with moderate neck pain, and pain in the lower back. The treater has asked for PROVIGIL 200MG QTY 60 1 BY MOUTH 2 TIMES DAILY on 1/29/15. The request for authorization was not included in provided reports. The patient reports greater than 50% relief in pain with the current medications per 1/29/15 report. The patient's current medications are Voltaren gel, Provigil, Oxycodone, Neurontin, Lidoderm patch, and Ambien per 1/29/15 report. The patient is currently not working. Regarding Nuvigil, ODG pain chapter states: "Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. (Tembe, 2011) For more information see also Modafinil (Provigil), where it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Recently Cephalon produced a campaign advertising Nuvigil's ability to help shift workers stay alert on the job without impeding their ability to sleep during the day. The FDA is conducting an investigation into the possibility that this advertising or promotional information may have violated current regulations. (SEC, 2011)" In this case, the treater has not provided a reason for the request. There progress reports do not discuss the purpose of this medication. ODG indicates this medication for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and none of these conditions are documented in the progress reports. Therefore, the request IS NOT medically necessary.

Oxycodone 5 mg Qty 60, 1 by mouth 2 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 1/29/15 progress report provided by the treating physician, this patient presents with moderate neck pain, and pain in the lower back. The treater has asked for OXYCODONE 5MG QTY 60 1 BY MOUTH 2 TIMES DAILY on 1/29/15. The request for authorization was not included in provided reports. The patient reports greater than 50% relief in pain with the current medications per 1/29/15 report. The patient's current medications are Voltaren gel, Provigil, Oxycodone, Neurontin, Lidoderm patch, and Ambien per 1/29/15 report. The patient is currently not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument". MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Oxycodone has been included in patient's medications per treater reports dated 8/11/14, 11/6/14, and 1/29/15. The 8/11/14 report states to "sub Oxycodone for Tylenol with codeine". In this case, treater has not stated how Oxycodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. The patient had a urine drug screen on 1/29/15. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.