

Case Number:	CM15-0063276		
Date Assigned:	04/09/2015	Date of Injury:	04/04/2001
Decision Date:	05/15/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 67-year-old female, who sustained an industrial injury on 4/04/2001. The medical records submitted for this review did not include details of the initial injury or a complete reference to prior treatments to date. Diagnoses include multiple level lumbar disc disease, status post bilateral shoulder surgery, and narcotic dependency for severe degenerative changes in bilateral shoulder plus chronic discogenic spinal pain. Currently, she complained of low back pain with radiation into right leg associated with stiffness and numbness. She also complained of right upper extremity pain, shoulder pain, and cervical pain. On 3/2/15, the physical examination documented decreased strength in the bilateral wrists and shoulders. The cervical spine examination demonstrated pain with palpation and positive Spurling's maneuver bilaterally. There was lumbar pain noted with palpation over facets with ropey fibrotic banding noted. The plan of care included continuation of medication therapy pending surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg quantity 60 with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain-Modanfinil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Modafinil.

Decision rationale: The MTUS is silent on the use of modafinil (Provigil). Per ODG TWC with regard to modafinil: "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." While it is noted that the injured worker has mild sleep apnea, it is not related to his industrial injury. The request is not medically necessary.

Amrix 15mg quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: Recommended for a short course of therapy, limited mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The documentation submitted for review indicates that the injured worker has been using this medication since at least 9/2014. As it is recommended only for short-term use, medical necessity cannot be affirmed therefore is not medically necessary.