

<b>Case Number:</b>	CM14-0149238		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 represented [REDACTED] employee who has filed a claim for neck pain, hand pain, elbow pain, low back pain, and bilateral low foot pain reportedly associated with an industrial injury of March 16, 2000. Thus far, the injured worker has been treated with the following: Analgesic medications; multiple burn debridement procedures; burn grafts; open reduction and internal fixation of fifth digit fracture; multiple forearm surgeries; unspecified amounts of physical therapy; psychotropic medications; and sleep aids. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for Ambien, denied a request for Modafinil, approved a request for Seroquel, partially certified a request for Elavil, and denied a request for Norflex. The injured worker's attorney subsequently appealed. In an August 28, 2014 progress note, the injured worker reported persistent complaints of hand pain status post multiple reconstructive surgeries involving the left hand and left forearm. The injured worker had also developed reactive depression issues and also had other foci of pain, including the neck, wrist, and low back, it was stated. The injured worker was asked to continue permanent work permanent work restrictions apparently imposed by a medical-legal evaluator. Replacement lumbar support was endorsed. There was no explicit discussion of medication selection or medication efficacy. In an August 27, 2014 progress note, the injured worker reported persistent complaint of hand pain. The injured worker was apparently using Norflex for muscle spasms associated with his posttraumatic stress disorder. It was stated that the injured worker was working part time. The injured worker's medications included Seroquel, Modafinil, Elavil, Prilosec, and Naproxen. It was stated that the injured worker was working three hours a day as a driver, five days a week. Multiple medications were refilled. The injured worker's stated diagnoses included major depressive disorder, posttraumatic stress disorder, chronic pain syndrome, neck pain, and low back pain, it was stated. In a psychiatric note dated August 20,

2014, the injured worker was described as having ongoing issues with anxiety and depression associated with his burns. It was stated that the injured worker was using anxiolytic medications for that purpose. On July 10, 2014, it was suggested that the injured worker was intent on pursuing a reconstructive surgery involving skin graft previously placed about the finger. Norco and Zofran were endorsed. The injured worker was described as using naproxen, Elavil, and Prilosec on an earlier note dated March 31, 2014. In a Medical-legal evaluation of October 8, 2013, it was reported that the injured worker was using medications including Modafinil, Seroquel, Ambien, Zolpidem, Naproxen, Omeprazole, and Orphenadrine as of that point in time.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Zolpidem 10 mg, #30: 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 (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Zolpidem usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-Food and Drug Administration (FDA) level purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support usage. The (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, it appears that the attending provider is intent on employing Ambien for chronic, long-term, and/or scheduled use purposes. This is not an FDA-approved role for Zolpidem. No compelling specific rationale or medical evidence was attached to offset the FDA position on the article at issue. Therefore, the request is not medically necessary.

#### **Modafinil 200 mg, #30: 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 Chronic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Modafinil Medication Guide.

**Decision rationale:** While the MTUS does not specifically address the topic of Modafinil usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-Food and Drug Administration (FDA) labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore,

furnish compelling evidence to support such usage. In this case, the attending provider has not clearly stated for what diagnosis Provigil (Modafinil) is being employed. The attending provider has not established the presence of any diagnosis of sleep apnea, shift-work disorder, narcolepsy, etc., for which ongoing usage of Modafinil would be indicated. Therefore, the request is not medically necessary.

**Amitriptyline 25 mg, #180: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Elavil "may be helpful" to alleviate symptoms of depression. In this case, the injured worker does have longstanding issues with depression. The treating provider has posited that ongoing usage of amitriptyline (Elavil) has ameliorated the injured worker's mood and facilitated the injured worker's return to work, albeit on part-time basis. Therefore, the request is medically necessary.

**Orphenadrine Citrate 100 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants, such as Orphenadrine, are recommended with caution as second-line options to combat acute flares of chronic low back pain. Orphenadrine, thus, is not indicated for the chronic, long-term, and/or scheduled use for which it is seemingly being employed here. Therefore, the request is not medically necessary.