

Case Number:	CM13-0028724		
Date Assigned:	03/17/2014	Date of Injury:	12/26/1997
Decision Date:	04/10/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented former office technician who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of March 18, 1987. Thus far, the applicant has been treated with the following: Analgesic medications; Botox injections; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off work, on total temporary disability. In a utilization review report of July 12, 2013, the claims administrator certified a request for Norflex, Colace, Protonix, and tramadol, partially certified request for Kadian (morphine), and denied request for Provigil and Botox injections. The applicant subsequently appealed. The partial certifications of Kadian apparent represented weaning supplies of the same. A later note of November 26, 2013 is notable for comments that the applicant returned from a cruise to [REDACTED]. She reports decreased pain in her neck and midback after Botox injections. She is planning to pursue further Botox injections. She is on Neurontin for neuropathic pain and states that Provigil is diminishing excessive daytime sleepiness and fatigue. The applicant is on Protonix for GERD. She is asked to Kadian for round the clock pain and tramadol for breakthrough episodes of pain. Repeat Botox injections are sought. It is noted that the applicant has muscle tightness and palpable trigger points. Multiple medications are refilled while the applicant remains off work, on total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate) Page(s): 56.

Decision rationale: As noted on page 56 of the MTUS Chronic Pain Medical Treatment Guidelines, Kadian is a brand of morphine, an opioid analgesic. In this case, however, the applicant does not seemingly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there is no evidence that the applicant has exhibited improved functioning and/or reduction in pain scores as a result of ongoing opioid usage. The attending provider does not clearly detail the applicant's prior response to morphine. The fact that the applicant remains off work, on total temporary disability, argues against any lasting benefit effected through prior usage of Kadian. Therefore, the request is not certified.

Pantoprazole 40mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment of dyspepsia secondary to NSAID therapy Page(s): 69.

Decision rationale: As noted on Page 69 of the Chronic Medical Treatment Guidelines, PPIs such as protonix (pantoprazole), are indicated in the treatment of dyspepsia and/or reflux, which is reportedly present here. The applicant apparently carries a diagnosis of GERD for which ongoing usage of Protonix is indicated. Therefore, the request is certified as written.

Clonazepam 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Klonopin are not recommended for long-term use, either for sedative purposes, anxiolytic purposes, anticonvulsant purposes, or muscle relaxant purposes. Chronic benzodiazepine usage is a treatment of choice in very few conditions. In this case, the attending provider has not clearly stated how or why usage of benzodiazepines has been beneficial here. No rationale has been provided so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is not certified.

Kadian 60mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Kadian (morphine sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate) Page(s): 56.

Decision rationale: As noted on page 56 of the MTUS Chronic Pain Medical Treatment Guidelines, Kadian is a brand of morphine, an opioid analgesic. In this case, however, the applicant does not seemingly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there is no evidence that the applicant has exhibited improved functioning and/or reduction in pain scores as a result of ongoing opioid usage. The attending provider does not clearly detail the applicant's prior response to morphine. The fact that the applicant remains off work, on total temporary disability, argues against any lasting benefit effected through prior usage of Kadian. Therefore, the request is not certified.

Provigil 200mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/downloads/Drugs/DrugSafety/UCM231722.pdf>

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Provigil is indicated to try and improve wakefulness in adults who are sleepy owing to narcolepsy, obstructive sleep apnea and/or shift-work disorder. In this case, however, there is no evidence that the applicant carries any of the aforementioned diagnoses. The fact that the applicant has not worked in many years implies that there is no evidence of a shift-work disorder here. There is likewise no evidence of confirmed obstructive sleep apnea and/or narcolepsy for which usage of Provigil would be indicated. Therefore, the request is not certified.