

Case Number:	CM13-0034068		
Date Assigned:	12/06/2013	Date of Injury:	12/19/2001
Decision Date:	03/18/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas. 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 patient is a 53-year-old female with an extremely complex history including recurrent injuries to the bilateral upper extremities on a cumulative trauma basis, as well as a cervical spine injury from lifting a box weighing between 40 pounds and 50 pounds on 12/19/2001 and on 01/31/2002 the patient reportedly injured her lumbar spine while lifting. The patient has been diagnosed with carpal tunnel syndrome, right sided carpal tunnel release surgery in 1993, right C6 cervical radiculopathy, left lumbosacral radiculopathy, chronic neck and low back pain, degenerative disc disease of the cervical spine to include C5-6 with C6-7 (moderate to severe), as well as degenerative disc disease at the L5-S1, facet joint arthritis, cervical spine on the right, chronic insomnia, depression, and anxiety. The patient was most recently seen on 10/17/2013 with complaints of chronic neck pain due to degenerative spondylosis of the cervical spine. The patient has been noted to have a lot of stress due to several factors including chronic pain, use of strong pain medications, physical disability, and emotional instability/anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200 mg: 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) Pain Chapter, Section on Modafinil (Provigil).

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

Decision rationale: Regarding the request for Provigil 200 mg, according to Official Disability Guidelines, Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotics prescribed. As noted in the documentation, the patient is taking 3 different opioid medications at one time. Provigil has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. Adverse effects include headache, nausea, nervousness, rhinitis, diarrhea, back pain, anxiety, insomnia, dizziness, and dyspepsia. The documentation further noted that the patient does have a diagnosis of anxiety. Furthermore, the physician has failed to provide the total number of tablets to be dispensed to the patient. Therefore, due to the non-recommendation for Provigil per Official Disability Guidelines and the lack of a complete prescription for the medication, the requested service cannot be warranted and is non-certified

Thermacare pads for neck and arm, #20: 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 Medical Evidence:
<http://www.drugs.com/search.php?searchterm=Thermacare+pads>.

Decision rationale: Regarding the second request for ThermaCare pads for the neck and arm, a total of 20, California MTUS, ACOEM, and Official Disability Guidelines do not address ThermaCare pads. There is no peer reviewed literature to support the use of these patches over other forms of heat such as a heating pad that would be reusable. The documentation notes the patient has been utilizing this form of treatment to help reduce the aches and pains in her various locations on her body. The documentation does not provide objective measurements pertaining to the efficacy from use of these ThermaCare pads. Furthermore, it is unclear as to why the patient is unable to use a regular heating pad which would provide the same benefit as these ThermaCare pads and can be reused as needed instead of having to continuously reorder pads for the various areas affected by pain. As such, due to the lack of sufficient information pertaining to the medical necessity for continuation of the use of ThermaCare pads, the recommendation is for non-certification.

Thermacare Pads, Large/XL, #20: 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
<http://www.drugs.com/search.php?searchterm=Thermacare+pads>.

Decision rationale: Regarding the third request for ThermaCare pads Large/XL total of 20, California MTUS, ACOEM, and Official Disability Guidelines do not address ThermaCare pads. There is no peer reviewed literature to support the use of these patches over other forms of heat such as a heating pad that would be reusable. The documentation notes the patient has been utilizing this form of treatment to help reduce the aches and pains in her various locations on her body. The documentation does not provide objective measurements pertaining to the efficacy from use of these ThermaCare pads. Furthermore, it is unclear as to why the patient is unable to use a regular heating pad which would provide the same benefit as these ThermaCare pads and can be reused as needed instead of having to continuously reorder pads for the various areas affected by pain. As such, due to the lack of sufficient information pertaining to the medical necessity for continuation of the use of ThermaCare pads, the recommendation is for non-certification.