MAXIMUS Federal Services

Case Number:	CM13-0037707		
Date Assigned:	07/02/2014	Date of Injury:	09/19/1997
Decision Date:	09/05/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	10/24/2013

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 New York and North Carolina. 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 employee is a 58 year old man who has a diagnosis of sciatica. He claims injury 9/19/1997 when he hurt his low back. He has been diagnosed with multilevel degenerative changes and a disc bulge at L5-S1 with central protrusion causing bilateral foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Personal therapy manager model 8835 for intrathecal pump: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation fact that there is no guideline to address the non-specific use of personal therapy manager model 8835.

Decision rationale: The physician is requesting a programmer for the intrathecal pump. His reasoning is that it will reduce breakthrough medication usage. It is unclear of why this will reduce this usage, however. The patient will self-administer prescribed boluses by holding the programmer over the pump. The MTUS and ODG are silent on the type of pump used for intrathecal delivery of pain medication. There is no explanation of why the current pump set up

is ineffective. There is no literature supplied to support this particular model for use over what he currently has.

Nuvigil 250mg (#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 Chapter, Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain, Armonafidil (Nuvigil) Other Medical Treatment Guideline or Medical Evidence: Medscape, http://reference.medscape.com/drug/nuvigil-armodafinil-343004.

Decision rationale: Per the ODG Guidelines, Nuvigil is not indicated solely to counteract the sedation of narcotic medication. It is used for narcolepsy or shift work sleep disorder. Medscape also notes that it may be used as an adjunct in treating obstructive sleep apnea/hypopnea syndrome. This patient has not demonstrated a diagnosis of narcolepsy, sleep apnea, nor shift work sleep disorder. The request is denied.

Subsys spray 600 mcg (#90): 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 Chapter, Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Subsys and Medscape, Fentanyl, transmucosal: http://reference.medscape.com/drug/actiq-fentora-fentanyl-transmucosal-343341.

Decision rationale: Subsys is indicated for breakthrough cancer pain, not musculoskeletal pain, for which she is being treated. It is only for patient already receiving and tolerant to opioid analgesics (i.e., >60 mg Morphine equivalent/day or 50 mcg Transdermal Fentanyl/hr). The request for Subsys is denied because it is not being prescribed for breakthrough cancer pain.