

Case Number:	CM13-0038761		
Date Assigned:	04/25/2014	Date of Injury:	06/10/2002
Decision Date:	08/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/01/2013

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 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 patient is a 57-year-old male who has submitted a claim for status post lumbar laminectomy spinal fusion spine pain, lumbar degenerative disc disease, lumbar spine sprain/strain, depression and anxiety, and sacroiliac pain, associated with an industrial injury date of June 10, 2002. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of continuous low back and bilateral lower extremity pain. He also experienced panic attacks and severe anxiety. On physical examination, there was tenderness of the lumbar spine with decreased range of motion. He also had a slight constant limp. Mental status examination revealed that the patient was extremely tense and agitated, had anxious mood, depressive symptoms, tearfulness, and internal distraction. The treatment to date has included aqua therapy, psychotherapy, lumbar laminectomy, and medications including Percocet 7.5/325 mg and Nuvigil 150 mg. The utilization review from September 18, 2013 modified the request for 1 pain management evaluation and treatment based on outcome of evaluation to 1 pain management evaluation because the particular treatment being requested was not specified; and 1 prescription of Percocet 7.5/325 mg #90 to 1 prescription of Percocet 7.5/325 mg #68 for weaning purposes. The same review denied the request for 1 prescription of Nuvigil 150 mg #30 because the patient was not diagnosed with narcolepsy or shift work sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT EVALUATION AND TREATMENT BASED ON OUTCOME OF EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Chronic Pain Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

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

Decision rationale: The California MTUS does not specifically address office visits. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the patient was being seen by a pain specialist for his lumbar spine problems since January 2013. However, the present request failed to specify the particular treatment to be rendered. Although pain management and evaluation may be appropriate, the present request is not specific. Therefore, the request for pain management evaluation and treatment based on outcome of evaluation is not medically necessary.

PERCOCET 7.5/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, Percocet was being prescribed since September 2012 (21 months to date). However, given the 2002 date of injury, the exact duration of opiate use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records did not clearly reflect continued analgesia or functional benefit, or a lack of adverse side effects or aberrant behavior. There is no clear indication for continued opioid use. Therefore, the request for Percocet 7.5/325mg #90 is not medically necessary.

NUVIGIL 150MG#30: 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 Official Disability Guidelines (ODG) Pain, Armodafinil (Nuvigil).

Decision rationale: The California MTUS does not specifically address Armodafinil (Nuvigil). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Armodafinil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case, a rebuttal to utilization review stated that Nuvigil was indicated to treat the patient's excessive daytime sleepiness due to pain-caused insomnia. The patient has been prescribed Nuvigil since December 2012 (18 months to date). However, there was no documentation of continued functional gains. Moreover, the records did not provide evidence of excessive sleepiness. Furthermore, the ODG is silent with regard to the use of Armodafinil for pain-caused insomnia. There is no clear indication for continued use of Nuvigil. Therefore, the request for Nuvigil 150mg#30 is not medically necessary.