MAXIMUS Federal Services

Case Number:	CM13-0041039		
Date Assigned:	06/13/2014	Date of Injury:	07/05/2001
Decision Date:	08/08/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/29/2013

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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain, headaches, bilateral upper extremity pain, bruxism, and shoulder pain reportedly associated with an industrial injury of July 5, 2001. Thus far, the applicant has been treated with analgesic medications; consultation with various providers in various specialties, including otolaryngology; opioid therapy; and various psychotropic medications. In a Utilization Review Report dated October 22, 2013, the claims administrator approved a request for Meclizine, approved a cardiac clearance, approved a follow-up visit with an otolaryngologist, approved follow-up visit with a pain management physician and a psychiatrist, conditionally denied request for Vicodin, conditionally denied a request for Ultram, conditionally denied a request for Xanax, and conditionally a request for Provigil. The conditional denials were described as administrative actions taken to comply with regulatory timeframes and did not represent denials based on medical necessity, it was stated. The claims administrator stated that it would revisit the information if additional information was provided. A progress note dated October 7, 2013 was notable for comments that the applicant reported persistent complaints of neck pain, left lower extremity pain, bruxism, dizziness, nervousness, and anxiety. The applicant's son drove her to the appointment. The applicant also had neck and shoulder pain complaints. The applicant was placed off of work, on total temporary disability. A new auto continuous positive airway pressure device was suggested. Medical transportation was endorsed, along with Meclizine, Xanax, Provigil, Fioricet, Vicodin, and Ultram. There was no discussion of medication efficacy incorporated into the progress note. The attending provider suggested on progress notes of October 2, 2013 and August 14, 2013, that ongoing usage of the auto positive airway pressure device and Provigil were ameliorating the applicant's sleep disturbance issues associated with sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 7.5/325ngm #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has not recounted any reductions in pain or improvements in function achieved as a result of ongoing Ultram usage. Therefore, the request for Ultram is not medically necessary.

Ultram 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has not recounted any reductions in pain or improvements in function achieved as a result of ongoing Ultram usage. Therefore, the request for Ultram is not medically necessary.

Xanax: Upheld

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: While page 402 of the MTUS-Adopted ACOEM Guidelines in Chapter 15 acknowledges that benzodiazepine anxiolytics such as Xanax may be appropriate for brief periods in cases of overwhelming symptoms so as to afford an applicant the opportunity to achieve a brief alleviation of symptoms so as to recoup emotional and physical resources, in this

case, however, the attending provider is seemingly employing Xanax for chronic, longstanding issues with anxiety and depression. This does not represent appropriate usage of Xanax, per the MTUS-Adopted ACOEM Guidelines in Chapter 15, page 402. Therefore, the request for Xanax is not medically necessary.

Provigil 200mg: Overturned

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 Food and Drug Administration (FDA), Provigil Medication Guide.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Provigil is a prescription medication used to improve wakefulness in adults who have issues with sedation owing to diagnosed sleep disorder such as Narcolepsy, obstructive sleep apnea, and/or shift-work disorder. In this case, the applicant reportedly has a polysomnographically-confirmed obstructive sleep apnea. Recent combination of an auto PAP device plus Provigil has apparently improved the applicant's sleep, it has been suggested. Therefore, the request for Provigil is medically necessary.