

Case Number:	CM13-0052515		
Date Assigned:	12/27/2013	Date of Injury:	08/07/1996
Decision Date:	03/17/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/15/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 7, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; prior lumbar fusion surgeries; a facet joint injection; attorney representation, long and short acting opioids; and epidural steroid injection therapy. In a utilization review report of October 14, 2013, the claims administrator partially certified a request for Duragesic for weaning purposes, approved Zoloft, denied Provigil, and partially certified Norco for weaning purposes, and approved Trazodone. The applicant's attorney subsequently appealed. A subsequent note of December 11, 2013 is notable for comments that the applicant reports persistent low back pain radiating to the right leg. The applicant's pain is unchanged. The applicant's quality of sleep is poor. The applicant is presently on Duragesic, Provigil, Desyrel, Norco, Zoloft, Dilaudid, Medrol, and Neurontin. The applicant is obese with a BMI of 35. The applicant exhibits an antalgic gait and appears to be in moderate-to-severe pain. The applicant has an antalgic gait. The applicant's work status is not clearly stated. An earlier note of December 4, 2013, the applicant represented with heightened low back pain, 9.5/10. The applicant states that ongoing usage of Norco is not relieving her current flare of pain, nor is the combination of Norco and Dilaudid. The applicant's psychological review of systems is positive for anxiety and depression. A Medrol Dosepak was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 75 Mcg/hour Patch #15, 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 are evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant does not appear to have returned to work. The applicant is reporting heightened pain as opposed to reduced pain, despite usage of multiple opioid and non-opioid agents. Therefore, the request is not certified.

Provigil 100mg 1 tablet twice daily #60, Refill1: 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 Medication Guide-Provigil-Food and Drug Administration

Decision rationale: The Chronic Pain Medical Treatment Guidelines does not address the topic. As noted by the Food & Drug Administration (FDA), Provigil is a prescription medication used to improve wakefulness in individuals who have narcolepsy, obstructive sleep apnea, and/or shift work disorder. In this case, however, the applicant does not carry a confirmed diagnosis of narcolepsy, obstructive sleep apnea, and/or shift work disorder for which ongoing usage of Provigil would be indicated. Therefore, the request is non-certified.

Norco 10/325 #1220, Refill 1: Upheld

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

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

Decision rationale: Again, as with Duragesic, the applicant does not meet the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant does not appear to have returned to work. There is no evidence of improved functioning and/or reduced pain effected as a result of ongoing Provigil usage. Therefore, the request is non-certified.