

Case Number:	CM13-0067512		
Date Assigned:	01/03/2014	Date of Injury:	03/01/2007
Decision Date:	06/16/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 Family Practice, and is licensed to practice in California and Virginia. 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 injured worker is a 38-year-old who sustained an injury on March 1, 2007 while kneeling on a front bumper. The injured worker developed complaints of low back pain radiating to the lower extremities. The injured worker had been followed for chronic low back pain following lumbar surgery. This was managed with several medications to include Cymbalta, Norco, Nuvigil, Oxcarbazepine, Oxycontin, and Temazepam. The injured worker was also utilizing Senna as a prophylactic for constipation. The patient injured worker had been followed by [REDACTED] for pain management. The pain management report from September 27, 2013 noted continuing low back pain rating 7/10 on the VAS (visual analog scale). There were also noted complaints for right knee pain. On physical examination, there was mild weakness noted in the lower extremities due to pain. There was limited range of motion and the injured worker ambulated with a cane. Straight leg raise was reported as positive to the left and right at 20 degrees reproducing radicular symptoms in the lower extremities. The injured worker is noted to have had two prior right knee meniscectomies as of this evaluation. Prior lumbar surgery has included L3 to L5 lumbar fusion. It appears that the injured worker was considered for further surgical intervention in March of 2013. Medications were continued at this visit. Follow up with [REDACTED] on October 31, 2013 noted persistent symptoms in the low back and right knee rating 6/10 on the VAS. Medications remained unchanged. The injured worker's physical examination findings continued to note weakness in the lower extremities with limited lumbar range of motion and positive straight leg raise findings. Toxicology results from November 3, 2013 did note positive findings for Oxycontin, Norco, and Temazepam consistent with prescribed medications. The injured worker was seen again by [REDACTED] on November 8, 2013. No medication changes were noted. The injured worker's physical examination was limited. The injured worker's toxicology results were discussed. The requested Norco 10/325mg,

quantity 120, Oxycontin 80mg, quantity 180, Senna 250mg, quantity 60, Temazepam 30mg, quantity 60 with 3 refills, Nuvigil 250mg, quantity 30 with 3 refills, and Trileptal 150mg, quantity 180 with 3 refills were all denied by utilization review on November 22, 2013. It is noted that Oxycontin was modified to 150 tablets only.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO (HYDROCODONE/ACETAMINOPHEN) 10/325MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to the ongoing use of Norco 10/325, quantity 120, the clinical documentation submitted for review did not support the continuing use of Norco. The injured worker is noted to have been utilizing a substantial amount of narcotic medications given the frequency of Oxycontin use as well as Norco. The injured worker was well above the 120mg MED limit recommended by guidelines. The request for Norco (hydrocodone/acetaminophen) 10/325mg, 120 count, is not medically necessary or appropriate.

OXYCONTIN 80MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to Oxycontin 80mg, quantity 180, it is noted the prior utilization review report recommended modifying the request of Oxycontin down to 150 tablets to facilitate weaning. This reviewer would have agreed with the modification recommendations. The injured worker did not have any clear functional benefit attributed to the ongoing use of narcotics to support its ongoing use. Furthermore, the injured worker's amount of narcotics being utilized on a daily basis far exceeded the amount recommended in guidelines. This reviewer would have agreed that a modification of the request was appropriate to allow for weaning. The request for Oxycontin 80mg, 180 count, is not medically necessary or appropriate.

SENNA DSS 250MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website Medscape.com, under the FDA Sodium Docusate Section (http://www.medscape.com/viewarticle/427442_5).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference 67th Edition (2013), under the Senna Section.

Decision rationale: In regards to Senna 250mg, quantity 60, this reviewer would have recommended this medication as medically necessary. The injured worker still reasonably required a weaning period for narcotics. The development of constipation is a known complication from chronic opioid use. The request for Senna DSS 250mg, sixty count, is not medically necessary or appropriate.

TEMAZEPAM 30MG, #60 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com. Indications and Usage of Temazepam, Insomnia Section (<http://www.drugs.com.pro/temazepam.html#indications>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: In regards to the use of Temazepam 30mg quantity 60 with three refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. The request for Temazepam 30mg, sixty count with three refills, is not medically necessary or appropriate.

NUVIGIL/ARMODAFINIL 250MG, #30 WITH 3 REFILLS: 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, ARMODAFINIL

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, ARMODAFINIL

Decision rationale: In regards to Nuvigil 250mg, quantity 30 with 3 refills, there is no evidence to substantiate a diagnosis of narcolepsy, shift work sleep disorder, or restless leg syndrome which are the indications for this medication per the FDA. Guidelines do not recommend the use of Nuvigil to counteract sedation effects from narcotics. The request for Nuvigil/Armodafinil 250mg, thirty count with three refills, is not medically necessary or appropriate.

OXCARBENZEPINE (TRILEPTAL) 150MG, #180 WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epileptics Page(s): 16-22.

Decision rationale: In regards to the use of Trileptal 150mg, quantity 180, this medication is indicated in the treatment of partial seizures in adults and in children as well as to address symptoms secondary to epilepsy. None of these conditions were noted in the clinical records. Although Trileptal can be used in the treatment of neuropathic conditions such as diabetic or trigeminal neuralgia, there is limited evidence to support its use in ongoing chronic pain. The request for Oxcarbenzepine (Trileptal) 150mg, 180 count with three refills, is not medically necessary or appropriate.