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| Case Number: | CM13-0069623 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 01/16/2002 |
| Decision Date: | 06/04/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 64-year-old female who reported an injury on 01/16/2002. The mechanism of injury was not stated. Current diagnoses include pain in a joint, thoracic or lumbosacral neuritis, lumbago, and reflex sympathetic dystrophy in the lower extremity. The injured worker was evaluated on 11/11/2013. The injured worker reported stabbing pain in the right medial knee. Physical examination revealed a depressed affect, edema in bilateral lower extremities, diminished strength, and reduced sensation in the left lower extremity. The injured worker's pain pump was electronically analyzed and reprogrammed at that time. Treatment recommendations included continuation of current medication including Nuvigil 250 mg, Norco 10/325 mg, Neurontin 300 mg, and Motrin 800 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (ODG), Treatment Index, 11th Edition (Web), 2013, Pain-Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: Official Disability Guidelines state Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. As per the documentation submitted, the injured worker does not maintain a diagnosis of narcolepsy or shift work sleep disorder. As guidelines do not recommend Nuvigil for counteracting sedation effects of narcotics, the current request is not medically appropriate.

MOTRIN 900MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-STEROIDAL INFLAMMATORY DRUGS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line treatment after acetaminophen. The injured worker has utilized Motrin 800 mg since 11/2012. There is no evidence of objective functional improvement. Guidelines do not recommend long term use of this medication. As such, the request is not medically necessary.

NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized Norco 10/325 mg since 11/2012. The injured worker continues to report persistent pain. There is no evidence of objective functional improvement. Therefore, the request is not medically necessary.