

Case Number:	CM14-0006585		
Date Assigned:	02/07/2014	Date of Injury:	09/04/2000
Decision Date:	07/02/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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 pain syndrome, chronic neck pain, and chronic low back pain reportedly associated with an industrial injury of September 4, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of the claim; and opioid therapy. In a utilization review report dated January 13, 2014, the claims administrator approved a request for Opana, approved a request for Zanaflex, approved a request for Gabitril, and denied a request for Provigil and Kadian (morphine). The applicant's attorney subsequently appealed. On August 26, 2013, the attending provider stated that he believed continuing the applicant's current medications were appropriate. On August 28, 2013, the attending provider again refilled unspecified medications, noting that the applicant was permanent and stationary. The applicant did not appear to be working. The note was highly templated. There was no clear mention or discussion of medication efficacy. The attending provider stated that the applicant's goals were to maintain productivity. In a later note dated January 8, 2014, the applicant was described as having issues with an anxious, tensed, and apprehensive mood and affect. The applicant was on Gabitril, Zanaflex, Provigil, Kadian, and Opana. It was stated that the applicant's goals were to maintain appropriate loss of activity; again, however, it was not clearly stated what activity level the applicant was able to achieve or maintain with ongoing medication use. The applicant's functional status was described as poor. The applicant was described as having difficulty with a number of activities of daily living "due to pain." Medications were again renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROVIGIL 200MG QTY.30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Provigil Medication Guide.

Decision rationale: The Chronic Pain Guidelines indicate that it is incumbent upon the prescribing provider to discuss medication efficacy into his choice of recommendations. This is also echoed by the MTUS/ACOEM Guidelines. In this case, however, the attending provider has simply renewed medications on multiple occasions without any discussion of medication efficacy. There was no mention of any one (1) medication or medications being beneficial here. It is further noted that the Chronic Pain Guidelines state that it is incumbent on the attending provider to provide compelling evidence to support usage of medications for non-FDA labeled purposes. In this case, Provigil, per the Food and Drug Administration (FDA), is indicated to improve wakefulness in adults who are sleepy due to diagnosed sleep disorder such as narcolepsy, obstructive sleep apnea, and/or shift work disorder. In this case, however, the applicant is not working, making a shift work disorder unlikely. There is no mention of the applicant's carrying a diagnosis of either narcolepsy or obstructive sleep apnea, either. Therefore, the request is not medically necessary, for all the stated reasons.

KADIAN 30MG QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate); Opioids Page(s): 56 and 74-96.

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

Decision rationale: The Chronic Pain Guidelines indicate that 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 ongoing opioid usage. In this case, however, these criteria have not seemingly been met. The applicant is off of work. The applicant's pain complaints seemingly persist, despite ongoing opioid therapy. There is no evidence of any improvements in function achieved as a result of ongoing opioid therapy. Rather, the attending provider has indicated that the applicant's ability to perform even basic activities of daily living is still constrained. Therefore, the request is not medically necessary, for all the stated reasons.

KADIAN 100MG QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Kadian (morphine sulfate); Opioids Page(s): 56 and 74-96.

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

Decision rationale: The Chronic Pain Guidelines indicate that 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 ongoing opioid therapy. In this case, however, there is no evidence that the applicant has achieved any improvements in pain, function, or work status as a result of ongoing opioid therapy. Rather, the attending has indicated that the applicant still remains constrained in terms of performance of even basic activities of daily living. The applicant has seemingly failed to return to work. There is no evidence of any marked reduction in pain scores as a result of the same.