MAXIMUS Federal Services

Case Number:	CM14-0007414		
Date Assigned:	02/07/2014	Date of Injury:	10/01/1998
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/16/2014

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 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 patient is a 49 year-old male who has filed a claim for chronic pain syndrome and lumbosacral degenerative disc disease associated with an industrial injury date of October 01, 1998. Review of progress notes reports increasing pain of the lower back with radiation into the lower extremities. Patient also reports left arm numbness and left leg pain. Patient was unable to attend the functional restoration program evaluations due to several different reasons, including worsening of pain condition. Patient also experiences depression. Findings include an antalgic gait and difficulty with sitting down and standing up from a chair. There is giveaway weakness of the left lower extremity due to pain. Treatment to date has included NSAIDs, opioids, Treximet, Lyrica, Provigil, anti-depressants, and several lumbosacral surgeries. Utilization review from December 18, 2013 denied the request for polyethylene glycol powder as there is no recent evidence of occasional constipation, Pristiq and Lyrica as there is insufficient information to substantiate ongoing benefit from these medications; Modafinil as there is no documentation of narcolepsy, OSA, or shift work disorder; and Treximet as there is no updated description of acute migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

POLYETHYLENE GLYCOL POWDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0000241/

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 77.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated with opioid treatment. According to the National Library of Medicine, polyethylene glycol 3350 is used to treat occasional constipation. In this case, the patient is taking Norco 10/325mg up to 5 pills per day. The patient may benefit from prophylactic management of constipation. However, the requested quantity and dosage regimen is not specified. Therefore, the request for Polyethylene Glycol Powder is not medically necessary and appropriate.

PRISTIQ TABS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Page(s): 15,105.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. In this case, the patient has been on this medication since at least March 2012. There is no documentation regarding intolerance to first-line medications, such as tricyclic antidepressants. The requested quantity and dosage is not specified. Therefore, the request for Pristiq tabs is not medically necessary and appropriate.

MODAFINIL TAB: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: According to the Official Disability Guidelines (ODG), Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. It is indicated to improve wakefulness in adults with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. In this case, the patient should first have a complete evaluation with diagnosis according to the ICD or DSM classification. The patient has been on this medication since 2008. There is no documentation of narcolepsy, obstructive sleep apnea, and shift work sleep disorder.

Further more, the requested quantity and dosage is not specified. Therefore, the request for Modafinil tab is not medically necessary and appropriate.

LYRICA 75MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 16-18.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, Pregabalin is recommended for neuropathic pain, and is a first-line drug for diabetic neuropathy, post-herpetic neuralgia, and fibromyalgia. This medication is a Schedule V controlled substance because of its causal relationship with euphoria. This medication also has an anti-anxiety effect. In this case, the patient has been on this medication since 2008. The patient presents with neuropathic pain. However, the requested quantity is not specified. Also, there is no documentation regarding the benefits derived from this medication. Therefore, the request for Lyrica 75mg is not medically necessary and appropriate.

TREXIMET 85/500MG: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 67-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Triptans.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. According to the Official Disability Guidelines (ODG), triptans are recommended for migraine sufferers. In this case, the patient has been on this medication since March 2010. Recent progress notes do not document migraine episodes in this patient. The requested quantity is not specified. Therefore, the request for Treximet 85/500mg is not medically necessary and appropriate.