

Case Number:	CM14-0107801		
Date Assigned:	08/01/2014	Date of Injury:	05/04/1994
Decision Date:	09/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 64-year-old female who has submitted a claim for irritable bowel syndrome, reflex sympathetic dystrophy, and gastroesophageal reflux disorder secondary to medication use associated with an industrial injury date of 05/04/1994. Medical records from 01/30/2014 to 05/19/2014 were reviewed and showed that patient complained of pain throughout the body with nausea and vomiting which was attributed to lactulose intake. Physical examination revealed an antalgic gait, regular heart rate, clean lungs, and normal blood pressure. Treatment to date has included Provigil 20mg (quantity not specified; prescribed since 02/17/2104), Zofran 8mg (quantity not specified; prescribed since 02/17/2104), other pain medications, and cognitive behavioral psychotherapy sessions. Utilization review dated 06/18/2014 denied the request for Zofran 8mg #16 because the medication was used as treatment to combat ill effects of medication which was not medically necessary. Utilization review dated 06/18/2014 denied the request for Provigil 200mg because there was lack of subjective and objective findings to support use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 8 mg. #16: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-emetics (for opioid nausea). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Anti-Emetics for Opioid Use.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, and the Official Disability Guidelines (ODG) was used instead. As stated on ODG, the use of anti-emetics is not recommended for nausea and vomiting secondary to chronic opioid use. It is recommended for acute use as noted per FDA approved. Other indications for Zofran according to its package insert are for treatment of nausea and vomiting due to chemotherapy or radiotherapy or for patient who have nausea and vomiting due to anesthesia postoperatively. In this case, the patient was prescribed Zofran 8mg (quantity not specified) since 02/17/2104 for nausea and vomiting secondary to lactulose use. However, there was no discussion of ongoing chemotherapy, radiotherapy, or a postoperative status to support the use of Zofran per guidelines recommendation. Therefore, the request for Zofran 8 mg. #16 is not medically necessary.

Provigil 200 mg.: 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 (Chronic); Clinical Pharmacology, 2008; Micromedix, 2008;.

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, Modafinil.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that Modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. In this case, the patient was prescribed Provigil 20mg (quantity not specified) since 02/17/2014. However, there was no subjective complaint of drowsiness or sleepiness. There is no clear indication for Provigil use at this time based on the available medical records. The request likewise failed to indicate the quantity of Provigil to be dispensed. Therefore, the request for Provigil 200 mg is not medically necessary.