

Case Number:	CM14-0108691		
Date Assigned:	08/01/2014	Date of Injury:	12/05/2009
Decision Date:	10/16/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family Practice and is licensed to practice in Ohio. 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 46-year-old male whose date of injury was 12-6-2009. He injured his back while unloading a truck. He subsequently developed severe low back pain radiating down the legs. He underwent a spinal fusion surgery in 2010 with subsequent removal of hardware and had a spinal cord stimulator placed in 2012. Despite this he continues to have severe low back pain with radicular symptoms. His diagnoses include lumbar disc displacement, spondylolisthesis, pain disorder associated with both psychological and a general medical condition and dysthymia. He has been on a variety of muscle relaxants, antiepileptic medications, and opiates. He constantly undergoes medication adjustment to try and find an appropriate combination of both short and long acting opioids to address his constant and breakthrough pain. There is documentation that the medication reduces his pain at times from an 8/10 to a 4/10 and that there is some increased functionality. Urine drug screening is performed, one pharmacy is utilized and there appears to be no aberrant drug taking behavior. Modafinil is a recent addition to help combat the medication induced somnolence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 96.

Decision rationale: The above guidelines state that for those requiring ongoing opioid therapy that there be monitoring of analgesia, functionality, adverse medication reactions, and aberrant drug taking behavior. Opioid treatment may continue if there is improved pain and functionality. In this instance, the treatment outlined in the patient's record appears to satisfy all of these requirements. Therefore, Percocet 10/325 mg #120 is medically necessary.

Modafinil #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines, Medication Chapter, Modafinil (Provigil)

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

Decision rationale: Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil (Modafinil) is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. Adverse effects: This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. In this instance, it is clear that several efforts have been made to reduce excessive narcotic prescribing. Yet, the sedation persists for the injured worker. The guidelines imply that modafinil may be used to improve wakefulness to counteract the sedation effects of narcotics after first considering reducing excessive prescribing. That appears to be occurring for this patient. Therefore, Modafinil #30 is medically necessary.