

Case Number:	CM14-0014879		
Date Assigned:	02/28/2014	Date of Injury:	11/24/1998
Decision Date:	09/22/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	02/05/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 61-year-old female who reported an injury on 11/24/1998. The mechanism of injury is not provided in the documentation. A physician's progress note dated 10/30/2013 indicated the injured worker had complaints of itching and swelling due to Lyrica, which was stopped and complaints of low energy. The injured worker had diagnoses including fibromyalgia, cervical spine disease with foraminal stenosis, mid and low back pain and strain, chronic, chronic pancreatitis, headaches, depression with anxiety, constipation, urinary incontinence, some fecal incontinence, and insomnia were given. The treatment plan included a recommendation for a trial of medicinal cannabis, levothyroxine, Savella, Ativan, Kadian extended release, Dilaudid, Cymbalta, Ambien, Maxzide, atenolol, Flector 1 patch every 12 hours, Celebrex, Nuvigil, and Nexium. The documentation submitted for review did not include a request for authorization for medical treatment. In addition, the documentation submitted for review did not provide a rationale for the decision for Kadian capsules 50 mg nor did it include a rationale for Nuvigil tablets 250 mg with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian cap 50mg CR day supply; 30 QTY: 150 no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Long-term Users of Opioids Page(s): 88.

Decision rationale: The request for KADIAN CAP 50 MG #50 is non-certified. The California MTUS Guidelines Chronic Pain Medical Treatment criteria for use of opioids for long-term users suggest re-assessment. The re-assessment should include what treatments have been attempted since the use of opioids, effectiveness, and duration. Documentation of pain and functional improvement should be compared to baseline. A satisfactory response to treatment should be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numeric scale or validated instrument. The clinical evaluation dated 10/30/2013 indicated the injured worker reported pain levels fluctuated quite a bit but were overall still high. The documentation provided did not indicate adequate pain control with the requested medication. In addition to a lack of pain assessment, the clinical evaluation dated 10/30/2013 does not indicate whether the injured worker had significantly increased function with the use of the medication when compared to baseline. The request failed to indicate the frequency of the medication requested. Therefore, the request for KADIAN CAP 50 MG #50 is non-certified.

Nuvigil tab 250mg day supply 30; QTY: 60 refills 4: Upheld

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

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

Decision rationale: The request for NUVIGIL TAB 250 MG #60 WITH FOUR (4) REFILLS is non-certified. The Official Disability Guidelines indicates 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. The documentation submitted for review does not indicate any need for the use of Nuvigil to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Although the injured worker is on narcotics with potential sedating effects, the Official Disability Guidelines do not recommend Nuvigil solely to counteract sedation effects of narcotics. The clinical information failed to indicate the patient had excessive sleepiness caused by narcolepsy or shift work disorder. The request also failed to indicate a frequency. Therefore, the request for NUVIGIL TAB 250 MG #60 WITH FOUR (4) REFILLS is non-certified.