

Case Number:	CM14-0017326		
Date Assigned:	02/21/2014	Date of Injury:	06/21/2002
Decision Date:	06/26/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/11/2014

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 42-year-old female injured on June 21, 2002 due to a slip and fall while working as a warehouse stocker. Current diagnoses include cervical radiculopathy, chronic pain syndrome of the left upper extremity, adhesive capsulitis of the left shoulder, residual ulnar neuritis status post release, left elbow contracture, hyperreflexia lower extremities and upper extremities, depressive disorder, anxiety disorder, and pain disorder with both psychological factors and general medical condition. Prior treatments include physical therapy, acupuncture, cervical epidural steroid injection, cervical sympathetic blocks, casting, and medication management. The documentation indicates the injured worker underwent left ulnar nerve transposition with impaired extension of the elbow with subsequent left shoulder manipulation but continued to have pain and decreased range of motion of the shoulder. The clinical note dated January 27, 2014 indicates the injured worker continues to complain of left shoulder pain with decreased range of motion as well as neck pain. The injured worker reports increased pain resulting in vomiting that is not improving. Physical examination reveals swelling, normal sensation, motor strength 5/5, neurovascular status intact, decreased range of motion, and numbness throughout the left hand. Prescriptions for MS Contin 15 daily, Norco 10/325 2 tablets every 4-6 hours, and Provigil 100mg twice daily were provided. The initial request for MS Contin 15 #30, Norco 10/325mg #300, Provigil 100 #60, Lidoderm 5% topical patches #60, and Carisoprodol 350mg #60 was initially denied on 02/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 15 #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the injured worker continues to report elevated pain levels with the use of pain medications indicating a lack of medication efficacy. Further, the MED of the current medication regimen is equivalent to 130mg/day exceeding the current recommendations. The request for MS Contin 15, thirty count, is not medically necessary or appropriate.

NORCO 10/325 #300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Opioids, criteria for use Page(s): 77.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Additionally, the injured worker continues to report elevated pain levels with the use of pain medications indicating a lack of medication efficacy. Further, the MED of the current medication regimen is equivalent to 130mg/day exceeding the current recommendations. The request for Norco 10/325, 300 count, is not medically necessary or appropriate.

PROVIGIL 100 #60: 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 (Chronic), Modafinil (Provigil)

Decision rationale: According to the Official Disability Guidelines, Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil 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 prior to prescribing of this medication. The documentation does not indicate that the injured worker is being prescribed Provigil to counteract excessive sleepiness and it is not FDA approved for the treatment of psychiatric conditions. The request for Provigil 100, sixty count, is not medically necessary or appropriate.

LIDODERM 5% TOPICAL PATCHES #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Lidoderm (lidocaine patch), Page(s): 56.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI [Serotonin-norepinephrine reuptake inhibitor] anti-depressants or an AED [anti-epileptic drugs] such as gabapentin or Lyrica). Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. The request for Lidoderm 5% topical patches, sixty count, is not medically necessary or appropriate.

CARISOPRODOL 350 MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, Carisoprodol, Page(s): 65.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. However, abrupt cessation of this medication can be harmful and requires a slow taper over two

to four weeks. The request for Carisoprodol 350 mg, sixty count, is medically necessary and appropriate.