

Case Number:	CM14-0128899		
Date Assigned:	08/18/2014	Date of Injury:	05/04/1994
Decision Date:	09/25/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/13/2014

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 Emergency Medicine, was Fellowship trained in Emergency Medical Services, 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 64-year-old female with a reported injury on 05/04/1994. The mechanism of injury was not provided. Her diagnoses included irritable bowel syndrome, fibromyalgia, GERD, and depression. There was a lack of documentation of previous treatments and the efficacy of any of those treatments. There is no evidence of physical therapy or a home exercise program. The injured worker had an examination on 07/07/2014, reporting that she has not been getting her Zofran because most of her medications have been denied and she has been having bouts of vomiting attacks. She complained of feeling fatigued without her Provigil and rated her pain at a 9/10 without her meds and a 6/10 with her meds. The examination revealed increased sensitivity to her lower extremities. There was no further examination on motor strength, sensation, or reflexes. There was no efficacy of the medications that she was on provided. The medication list consisted of Terocin patch, Zofran, Provigil, propranolol, Norco, and Amitiza. The recommended plan of treatment is to renew her medications. The Request for Authorization and the rationale for these medications were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The California MTUS Guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The use of lidocaine, which is in Terocin patches, is recommended for localized peripheral pain after there has been evidence of a trial of first line therapies of tricyclic or SNRI antidepressants or an anti-epilepsy drug. Topical lidocaine in the formulation of a dermal patch is designated for, and approved by the FDA for, neuropathic pain. No other commercially approved topical formulations of lidocaine, whether they are creams, lotions, or gels, are indicated for neuropathic pain. There is a lack of evidence of neuropathic pain. There was not an examination performed on functional deficits, motor strength, sensation, or reflexes. The efficacy of this medication was not provided. Furthermore, there is a lack of directions as far as frequency, duration, and as to placement as to where to apply the patch. There is a lack of clinical evidence to support the medical necessity of this medication without further evaluation and assessment. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request is not medically necessary.

Unknown prescription Zofran 8 mg: 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, antiemetics.

Decision rationale: The California MTUS and the ACOEM Guidelines do not address this request. The Official Disability Guidelines recommend anti-emetics if nausea and vomiting remains prolonged. It is not recommended for nausea and vomiting secondary to chronic opioid use. The medication of Zofran is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use and it is approved for gastroenteritis. There is a lack of evidence of gastroenteritis and there is no evidence or documentation that the injured worker has had chemotherapy or radiation. There is a lack of evidence of nausea and vomiting and the frequency and the duration of the nausea and vomiting, although the injured worker did complain that she was having "attacks" of vomiting. There was a lack of evidence to support the medical necessity of this medication without further evaluation and assessment. Furthermore, the request does not specify directions as to frequency and duration. The clinical information fails to meet the evidence based guidelines for this request. Therefore, this request is not medically necessary.

Unknown prescription Provigil 20mg: 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) medications, Modafinil.

Decision rationale: The California MTUS/ACOEM Guidelines do not address this request. The Official Disability Guidelines do not recommend Provigil solely to counteract sedations 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. There is no evidence that the narcotics have been tried to be decreased. There is no evidence that the injured worker does have narcolepsy, obstructive sleep apnea, or shift work disorder. There is no examination that states the quality and duration of her sleep. There is a lack of evidence to support the medical necessity of this medication. Furthermore, there is a lack of directions as far as frequency and duration of this medication. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request is not medically necessary.

Unknown prescription Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: The California MTUS Guidelines recommend, for ongoing monitoring of opioids, to have documentation to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. The California MTUS Guidelines also recommend consideration of a consultation with a multidisciplinary pain clinic if the doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. There was a lack of documentation of efficacy of this medication. The side effects were not assessed. There was not a physical and psychosocial functioning deficit or improvement that was provided. There was, however, a urine drug screen test provided that was consistent with the medications. There was no evidence for a consultation with a multidisciplinary pain clinic due to the fact that the injured worker has been on this medication since at least 02/2014. There is a lack of evidence to support the ongoing medical necessity of Norco 10/325 mg without further evaluation and assessment. Furthermore, there was a lack of directions with frequency and duration. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request is not medically necessary.