

Case Number:	CM14-0131301		
Date Assigned:	08/20/2014	Date of Injury:	11/29/2002
Decision Date:	09/26/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/15/2014

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 and 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 65-year-old male with a reported injury on 11/29/2002, when he injured his neck in another altercation as a police sergeant. Diagnoses consisted of cervical degenerative disc disease, post-traumatic stress disorder, and depression. The injured worker has had previous treatments of acupuncture which was shown to be effective for him. The injured worker had an examination on 07/18/2014, with complaints of severe neck pain. Upon his examination it just showed that he did have muscle pain, joint pain, and loss of range of motion. He also complained of numbness and tingling. On mental status examination, it was noted that he felt hopeless and had a blurred, blunted affect. The list of medications included Nuvigil, Abilify, Klonopin, Norco, atenolol, Nasacort, Flomax, and Tylenol. The recommended plan of treatment was for the injured worker to continue his medications. The Request for Authorization was signed and dated for 07/18/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 124, 91.

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

Decision rationale: The request for Norco 10/325 #90 is not medically necessary. The California MTUS Guidelines recommend for ongoing monitoring of opioids to have documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. The 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. The estimated date that the medications have been started is at least since 07/2013. There was a lack of evidence of pain efficacy. The side effects were not assessed and there were not physical and psychosocial functioning deficits and there were improvements. Therefore, there is a lack of a psychological evaluation, and there is a lack of directions as far as frequency and duration of this medication. There is a lack of evidence to support the number of 90 pills without further evaluation and assessment. There was not a urine drug screen test provided to monitor for the aberrancy or nonadherent drug related behaviors. The clinical information fails to meet the evidence based guidelines for the request. Therefore, the request for Norco 10/325 mg number of 90 is not medically necessary.

Nuvigil 250mg daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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.

Decision rationale: The request for Nuvigil 250 mg daily is not medically necessary. The California and ACOEM guidelines do not address this request. The disability guidelines do not recommend this medication to counter-act sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work disorder. There is no diagnosis of narcolepsy or sleep work disorder. There was no mention of sleep disturbances or the duration or quality of sleep mentioned in this report provided. There is a lack of evidence to support the medical necessity of Nuvigil without further evaluation and assessment. Furthermore, the request does not specify directions as far as frequency and duration of this medication. Therefore, the request for Nuvigil 250 mg daily is not medically necessary.

Clonazepam 0.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for clonazepam 0.5 mg #120 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long term use because the long term efficacy is unproven, and there is a risk of dependence. Most guidelines limit the use

of benzodiazepines for up to 4 weeks. The injured worker has been on this medication at least since 07/2013. The injured worker does have a diagnosis of depression and post-traumatic stress disorder; however, there is no psychological evaluation provided for review. There is a lack of evidence to support the medical necessity of this medication without further assessment and evaluation. The clinical information fails to meet the evidence based guidelines for this request. Therefore, the request for the clonazepam 0.5 mg #120 is not medically necessary.