

Case Number:	CM14-0133339		
Date Assigned:	08/22/2014	Date of Injury:	11/09/1993
Decision Date:	09/23/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/20/2014

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 California. 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 68 year-old male who reported a work related injury on 11/09/1993. The mechanism of injury was not provided for review. The injured worker's diagnoses consisted of chronic pain, myofascial pain, right extremity weakness, cognitive decline, muscular headaches, and an unspecified sleep disorder. The injured worker's surgical history has consisted of a cervical fusion and a percutaneous coronary angioplasty. Upon physical examination it was revealed that the injured worker was able to do more yard work, go to the grocery store, more reclusive since medications have changed pain level of 7-9 out of 10, and an increase in ADLs. The objective findings were a very poor affect, tiredness, forgetful, diminished touch to palm of right side, and her labs were noted to reveal high testosterone and low DHEA. The injured worker's medications prescribed were Lotensin, 10/35Mg of Norco, Vitorin, 350Mg of Soma, 50mg of DHEA, 0.7cc of testosterone, and nugivil. The treatment plan was Norco 10/325 to decrease pain. The authorization for request was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opioids Use Page(s): 78.

Decision rationale: The request for Norco 10/325mg #240 is not medically necessary. The California MTUS recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment; current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring pain relief, side effects, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of these controlled drugs. It is noted that the injured worker is experiencing pain at a level of 7-9 out of 10 on a VAS pain scale with the use of Norco, there is no clear documentation as to functional benefits from chronic use of Norco if the injured worker is still rating pain as high as a 9. Additionally documentation of the four domains mentioned above would need to be provided for review in order to consider the continuation of Norco. Therefore, the request for Norco 10/325mg #240 is not medically necessary.

Nuvigil 250mg (unspecified): Upheld

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

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

Decision rationale: The request for Nuvigil 250mg (unspecified) is not medically necessary. The California MTUS does not address Nuvigil within the guidelines, however, in The Official Disability Guidelines it is stated that, 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. Although recently the injured worker is noted to have some changes in sleep due to the changes in medication he has no diagnosis of these disorders. Although within the documentation the treatment plan is to get a sleep study as soon as possible, this medication cannot be approved until the sleep study has been completed with evidence of a sleep disorder. Therefore, the request for 250 mg of Nuvigil is not medically necessary. Additionally, the frequency was not noted with the request. Furthermore, this request is not medically necessary.