

Case Number:	CM14-0138183		
Date Assigned:	09/05/2014	Date of Injury:	04/06/2001
Decision Date:	11/05/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 66-year-old female who reported an injury on 04/06/2001. The mechanism of injury was not submitted for review. The injured worker has diagnoses of bilateral carpal tunnel syndrome, status post lumbar fusion, chronic neck pain, depression due to chronic pain, and right hip replacement. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include OxyContin 40 mg, OxyContin 20 mg, Neurontin, Provigil, Plavix, Valium, and Topamax. A myelogram from 02/06/2013 showed calcified herniated disc at C3-4 with bilateral hypertrophic facet arthritis. On 06/26/2014, the injured worker complained of back pain. It was noted on physical examination that the injured worker rated her pain at a 6/10. Her average pain level in the last 30 days was 6/10. Least amount of pain was 5/10. The injured worker stated the OxyContin took about an hour for it to kick in and typically lasted about 6 to 7 hours. It was also noted that the injured worker had fair strength in both upper and lower extremities. Treatment plan was for the injured worker to continue to use of medication therapy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin ongoing management Page(s): 75 78.

Decision rationale: The request for OxyContin 40 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend long acting opioids for around the clock pain relief and indicate it is not for as needed use. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. An assessment documenting pain levels before, during, and after medication administration should also be submitted for review. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation indicated that the OxyContin was helping manage pain levels for the injured worker. However, there was no indication of any drug screens or urinalysis submitted for review showing that the injured worker was compliant with medication. Furthermore, there was no indication or documentation showing that the injured worker was having any adverse side effects with the medication. Additionally, the total oral morphine equivalents exceeded the recommended guidelines. It was noted in the submitted documentation that the injured worker was taking OxyContin 40 mg by mouth 3 times a day and OxyContin 20 mg by mouth as needed. Given the above, the injured worker is not within MTUS recommended guidelines.

OXYCONTIN 20 MG #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin ongoing management Page(s): 75 78.

Decision rationale: The request for OxyContin 20 mg is not medically necessary. The California MTUS Guidelines recommend long acting opioids for around the clock pain relief and indicate it is not for as needed use. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. An assessment documenting pain levels before, during, and after medication administration should also be submitted for review. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalents per day. The submitted documentation indicated that the OxyContin was helping manage pain levels for the injured worker. However, there was no indication of any drug screens or urinalysis submitted for review showing that the injured worker was compliant with medication. Furthermore, there was no indication or documentation showing that the injured worker was having any adverse side effects with the medication. Additionally, the total oral morphine equivalents exceeded the recommended guidelines. It was noted in the submitted documentation that the injured worker was taking OxyContin 40 mg by mouth 3 times a day and OxyContin 20 mg by mouth as needed. Given the above, the injured worker is not within MTUS recommended guidelines.

PROVIGIL 200 MG BID: Upheld

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

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

Decision rationale: The request for Provigil 200 mg twice a day is not medically necessary. The ODG do not recommend the use of Provigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil is indicated to improve wakefulness in adult injured workers with excessive sleepiness associated with narcolepsy, obstructive sleep disorder, and shift work sleep disorder. The injured worker should have a complete evaluation with a diagnosis made in accordance with the international classification of sleep disorders or DSM diagnostic classification. The submitted documentation did not indicate that the injured worker had a diagnosis congruent with the above guidelines. Furthermore, the efficacy of the medication was not submitted for review. Given that the ODG do not recommend the use of Provigil and the lack of documentation submitted for review, the request is not medically necessary.