MAXIMUS Federal Services

Case Number:	CM14-0162298		
Date Assigned:	10/07/2014	Date of Injury:	06/02/2011
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 has a subspecialty in 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 55-year-old male with a reported date of injury on 06/02/11. The mechanism of injury was not reported. His diagnoses was noted to be Glioblastoma/malignant brain tumor. His past treatments included a craniotomy with total resection of glioblastoma, radiation therapy, chemotherapy, and dendritic cell vaccine. His diagnostics included a brain MRI without contrast that was noted to show a stable disease. Labs were done on 05/27/14 with no significant findings noted. On 07/21/14 the injured worker complained of headaches, left hemianopia, memory impairment and chronic stomach discomfort. The physical exam reported diminished hearing to finger rub bilaterally, normal motor strength and sensation, and his memory was intact. His current medications included Marinol 10mg, 1 capsule by mouth two time daily before meals; Lexapro 20mg, one tablet by mouth daily; Ativan 1mg, 1 tablet by mouth every four hours as needed; Percocet 10-325mg, one tablet by mouth every four hours as needed; and Viagra 100mg, one tablet by mouth daily as needed. His treatment plan included a follow up in 8 weeks with a brain MRI without contrast and labs, and The Request Authorization forms for Percocet 10/325 #180 , Marinol 10mg #90, Nuvigil 250mg #90, Lexapro 20mg #30, and Ativan #46 dated on 07/25/14 were attached. There was no rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Classifications: Short-acting/Long-acting opioids Page(s): 75-76.

Decision rationale: The request for Percocet 10/325 #180 is not medically necessary. The injured worker was diagnosed with malignant brain cancer and complained of persistent headaches and stomach discomfort with exam findings noting normal sensation and motor strength. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain level; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review lacked documentation regarding severity of pain, longevity of pain, how long pain relief lasted or past functional status. Aberrant and non-adherent behavior was not corroborated by current urine drug screens or interviews during clinical visits. The Guidelines further recommend that the morphine equivalent doses while taking opioids should not exceed 120mg. The request for Percocet 10/325mg #180 does not provide the frequency, thus the request is not medically necessary.

Marinol 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines);Cannaboids/marijuana for pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids Page(s): 28.

Decision rationale: The request for Marinol 10mg #90 is not medically necessary. The injured worker complained of memory impairment, stomach discomfort, and headaches. The California MTUS Guidelines state cannabinoids are not recommended, although 11 states have approved the use of medical marijuana for treatment of chronic pain, there currently are no quality controlled clinical data with the use of cannabinoids. The Guidelines further state that cannabis may reduce pain intensity for patients with neuropathic pain. The injured worker was diagnosed with brain cancer, with no documentation to support the use of marinol in the treatment plan nor does the report provide evidence that trials of first-line therapies for chronic severe pain have failed. Furthermore, the guidelines does not recommend cannabinoids use due to little to no evidence to verify safety and efficiency. Therefore, the request for marinol 10mg #90 is not medically necessary.

Nuvigil 250mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gold Standards

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

Decision rationale: The request for Nuvigil 250mg #90 is not medically necessary. The injured worker's physical exam revealed diminished hearing to finger rub bilaterally with complaints of stomach discomfort, headaches, and memory impairment. ODG states that Nuvigil is not recommended solely to counteract sedation effects of narcotics until first considering reduction of excessive narcotic prescribing. Furthermore Nuvigil is used in the treatment of excessive sleepiness due to narcolepsy or shift work sleep disorder. The documentation submitted for review does not provide evidence of objective functional benefit as a result of medication, and there is not a rationale to support the need for Nuvigil. Therefore, the request for Nuvigil 250mg #90 is not medically necessary.

Lexapro 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for Lexapro 20mg #30 is not medically necessary. California MTUS Guidelines state that antidepressants for chronic pain are recommended as a first line treatment for neuropathic pain, and maybe used for non-neuropathic pain and should include assessment of treatment efficacy to include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. The report submitted for review lacks ongoing efficacy of objective functional improvement, as well as psychological assessments to justify the ongoing need for Lexapro. Thus the request is not medically necessary.

Ativan #46: Upheld

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

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

Decision rationale: The request for Ativan #46 is not medically necessary. The California MTUS guidelines state that benzodiazepines are not recommended for long-term use, and limit the use to 4 weeks due to the fast onset of tolerance and hypnotic effects and long-term efficacy is unproven. Benzodiazepines are not recommended for long-term use unless the injured worker is being seen by a psychiatrist. The injured worker complained of headaches with stomach discomfort and a history of brain cancer. However, there has been no documentation of efficacy

or duration of Ativan's use. Furthermore, there is no evidence or history of psychological evaluations that would warrant the continual use of Ativan. Thus, the request is not medically necessary.