

Case Number:	CM14-0172848		
Date Assigned:	10/23/2014	Date of Injury:	01/19/2009
Decision Date:	12/19/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/20/2014

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 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:

This is a 54 year old male who sustained an industrial related injury on January 19, 2009. The injured worker hopped out of a car onto uneven pavement causing his left ankle to turn under him. He complained of left ankle pain and back pain radiating down the right leg. A progress note dated January 14, 2014 notes that the injured worker complained of pain in the entire left foot. The pain was characterized as aching, sharp, stabbing and throbbing. He also complained of difficulty with activities of daily living, walking and running and difficulty with balance. Examination of the left foot revealed restricted dorsal flexion, eversion and inversion. Tenderness to palpation was noted over the first metatarsal, midfoot and planter and solar areas. Thompson's test was positive. The entire foot was noted to have mild swelling, erythema and was cooler to touch than the right foot. Diagnoses include tenosynovitis of the left foot and ankle and gait instability. Treatment has included pain medication, braces, casts, and nerve blocks with some benefit. Physical therapy was done but did not produce a change in the injured workers condition. The injured worker underwent left foot surgery in 2011 and 2012. He describes the surgery as having worsened the condition. A progress noted dated September 19, 2014 notes that the injured workers overall condition was unchanged. Current medications included Omeprazole, Provigil, Percocet, Clonidine and Zanax. On September 5, 2014 a request was made for Provigil 100 mg # 30 and Percocet 10-325 mg # 60. Utilization Review evaluated and denied the medication request for Provigil and modified the request for Percocet. Utilization Review denied the request for Provigil 100 mg # 30 due to the Official Disability Guidelines which does not support this medication to counter the sedating effects of opiates. The medication Percocet 10-325 # 60 was noted to be not medically necessary because there was no indication that the medication decreased the injured workers pain and improved or maintained

function. However, due to the nature of the medication, weaning is recommended. The medication was therefore modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Provigil 100mg #30: 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, Armodafinil/ Modafinil, page 666.

Decision rationale: This is a 54 year old male who sustained an industrial related injury on January 19, 2009 after he hopped out of a car onto uneven pavement causing his left ankle to turn under him. He complained of left ankle pain and back pain radiating down the right leg. Diagnoses include tenosynovitis of the left foot and ankle and gait instability. Treatment has included pain medication, braces, casts, and nerve blocks with some benefit. Physical therapy was done but did not produce a change in the injured workers condition. The injured worker underwent left foot surgery in 2011 and 2012. He describes the surgery as having worsened the condition. Provigil (active ingredient-modafinil), per FDA, is prescribed for the treatment of excessive sleepiness caused by certain sleep disorder such as obstructive sleep apnea/ hypopnea syndrome (OSAHS), narcolepsy, and shift work sleep disorder (SWSD). Side effects include feeling anxious, trouble sleeping, and nervousness. ODG does not recommend Provigil medication solely to counteract sedation effects of narcotics, but may be an option for use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or ADLs limitations for use of Provigil in the patient's listed diagnoses nor document any functional improvement from previous treatment rendered with chronic unchanged symptoms to establish medical indication or necessity outside guidelines recommendations. The request for MED Provigil 100mg #30 is not medically necessary and appropriate.

Percocet 10-325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: This is a 54 year old male who sustained an industrial related injury on January 19, 2009 after he hopped out of a car onto uneven pavement causing his left ankle to turn under him. He complained of left ankle pain and back pain radiating down the right leg. Diagnoses include tenosynovitis of the left foot and ankle and gait instability. Treatment has included pain medication, braces, casts, and nerve blocks with some benefit. Physical therapy was done but did not produce a change in the injured workers condition. The injured worker underwent left foot surgery in 2011 and 2012. He describes the surgery as having worsened the condition. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The request for Percocet 10-325mg #60 is not medically necessary and appropriate.