

Case Number:	CM14-0174009		
Date Assigned:	10/27/2014	Date of Injury:	04/09/1996
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational 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 55-year-old female who sustained an injury on an April 9, 1996. She is diagnosed with (a) post laminectomy syndrome, lumbar; (b) chronic regional pain syndrome, lower; (c) anxiety disorder; (d) cervicalgia; and (e) chronic pain syndrome. She was seen for an evaluation on October 3, 2014. She reported that she continued to have widespread bodily pain. She stated that her right hip and right leg pain had increased and that any increase in activity greatly flared up the pain. She stated as well that her current medication regimen was providing modest relief and allowed improved ability to complete activities of daily living throughout the day. An examination of the lumbar spine revealed scar from previous surgery. Severe tenderness over the vertebral spine was noted. There was generalized lower extremity weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-77.

Decision rationale: The request for oxycodone 30 mg #180 is not medically necessary at this time. Guidelines state that to warrant continued use of opioid medications, the injured worker should have returned to work and/or there is evidence of improved pain and functioning. Clinical case of the injured worker has satisfied neither of these conditions. While the injured worker reported decreased pain from oxycodone, there were no significant objective findings or decreased pain scores through visual analogue scale to warrant the need for oxycodone.

Provigil 200mg #30 with 2 Refills: 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 Chronic Modafinil (Provigil)

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

Decision rationale: The request for Provigil 200 mg #30 is not medically necessary at this time. While it has been indicated that Provigil was prescribed for daytime sleepiness, it was not whether the documented daytime sleepiness was secondary to narcolepsy, obstructive sleep apnea, or shift work sleep disorder, for which the use of Provigil was recommended by the guidelines. There was also no documentation of complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnostic classification.

Soma 350mg #90 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 350 mg #90 is not medically necessary at this time. The use of this medication is not in accordance with the California Medical Treatment Utilization Schedule. More so, the requested medication is not recommended for longer than a two- to three-week period. It has been determined from the reviewed medical records that the injured worker has been taking this medication since March 2014. Hence, the requested Soma 350 mg #90 is not medically appropriate at this time.

Lidocaine-Prilocaine Topical Cream 2.5% #2 with Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for lidocaine-prilocaine topical cream is not medically necessary at this time. According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records reviewed, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. Moreover, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While this topical analgesic contains lidocaine, which is recommended as a topical agent, topical prilocaine was not mentioned by the guidelines.