

Case Number:	CM14-0028501		
Date Assigned:	06/16/2014	Date of Injury:	08/31/1998
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/06/2014

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 Texas 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 50 year old female who had a work related injury on 08/31/98. During renovations at work, she lost consciousness and fell over. She was treated and transported to the hospital. She originally had an internal and lumbar spine complaint. In 2001 while on her way to physical therapy, she was involved in a motor vehicle accident which included a rear end collision. She developed neck and bilateral shoulder injuries. The injured worker was treated with medication and physical therapy. MRI of the lumbar spine showed 2-3 mm broad based right paracentral disc protrusion depressing upon the transversing right S1 nerve root. EMG results reportedly noted bilateral L4-5 radiculopathy. The injured worker had multiple surgeries on her cervical spine including ADR at C3-4 and fusion from C4-5 C5-6 and C6-7. She had treatment with multiple facet blocks both cervical spine and lumbar spine and radiofrequency rhizotomy both in the cervical spine and lumbar spine. She went to pain management medications were alprazolam, Butalbital, gabapentin, morphine, Carisoprodol, Lexapro, oxycodone, Provigil. The injured worker also saw a rheumatologist and was diagnosed with fibromyalgia. She had psychological evaluation. She also had serial UA toxicology reports which were all consistent. There was a prior utilization review on 02/24/14 for soma 350mg #60, Percocet 10/325mg #120 Provigil 100mg #30 and was deemed non-certified. Progress report dated 03/06/14 rated pain 7-9/10 in intensity with medication and 8-10/10 without. Pain was worsened since the last visit. The injured worker reported that the use of current opioid pain medication, physical therapy and name brand medication continued to demonstrate superior effects as helpful. Time until pain relief was 45 minutes. Pain relief from each medication dose lasted temporarily. Areas of functional improvement as a result of the above therapy included bathing, concentrating, dressing, driving, less medication needed. The injured worker reported her quality of life had improved as a result of the above treatment. Physical examination spasm

noted bilaterally in paraspinous muscles. Vertebral tenderness was noted in the cervical spine C4 through C7. Tenderness noted in the trapezius muscles bilaterally. Myofascial trigger points noted in the rhomboid muscles bilaterally. Range of motion of the cervical spine was moderately limited due to pain. Pain was significantly increased in cervical spine with flexion/extension and rotation. Upper extremities sensory examination revealed no changes since the last visit. Upper extremities flexor and extensor strength was unchanged. Lumbar examination noted tenderness in the paravertebral area L3 through S1. Tenderness bilateral buttocks. Range of motion of the lumbar spine was moderate to moderately severely limited. Pain was significantly increased with flexion/extension. Sensitivity was decreased to touch in stocking glove distribution in the left lower extremity. Reflexes patellar reflexes were decreased on the left. Straight leg raise in the seated position was positive bilaterally at 50 degrees. Prior utilization review for soma 350 mg, Percocet 10/325, and Provigil 100 mg was non-certified. Diagnoses cervical radiculopathy was one. Status post cervical spinal fusion. Lumbar radiculopathy. Fibromyalgia. Headaches. Anxiety. Depression. Hypertension. Insomnia. Chronic pain. Anxiety. The request was for soma 350mg #60. Percocet 10/325mg #120. And Provigil 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

SOMA 350 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain management, muscle relaxant.

Decision rationale: The request for Soma 350 mg # 60 is not medically necessary. The clinical documentation submitted does not support the request for soma. Guidelines recommend soma to be used for short term treatment of acute exacerbations in patients with chronic low back pain. Do to the chronicity of pain, medical necessity has not been established.

PERCOCET 10-325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain management, Percocet.

Decision rationale: The request for Percocet 10/325 # 120 is not medically necessary. The clinical documentation submitted does not support the request for Percocet 10/325. Progress report dated 03/06/14 the injured worker rated her pain 7-9/10 in intensity with medication and

8-10/10 without, the clinical documents submitted for review do not support the continuation of the use of opioids, as such medical necessity has not been established.

PROVIGIL 100 MG #30: Upheld

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

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

Decision rationale: The request for Provigil 100 mg # 30 is not medically necessary. The clinical documentation submitted does not support the request for Provigil. Provigil is recommended for narcolepsy. If used for sedative effects from the use of opioids, should consider reducing the dose of opioids before adding stimulants. There is no clinical documentation that there was a reduction in opioid prior to administration of Provigil. As such, medical necessity has not been established.