

Case Number:	CM14-0030364		
Date Assigned:	06/20/2014	Date of Injury:	05/13/1999
Decision Date:	08/08/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 64-year-old male with a 5/13/99 date of injury, and status post lumbar surgery, status post bilateral total knee arthroplasty, bilateral carpal tunnel release, and status post intrathecal pain pump implant 8/15/31. At the time (2/28/14) of request for authorization for Skelaxin 800 mg #90, Provigil 200 mg #30, and Oxycodone 30 mg #30, there is documentation of subjective (thoracic spine pain aching, moderate) and objective (postoperative wounds healing well, no evidence of gross infection) findings, current diagnoses (degeneration of thoracic disc), and treatment to date (intrathecal pain pump and medications (including Provigil, Oxycodone, and Skelaxin since at least 1/13)). 1/28/14 medical report identifies that the patient has an opioid agreement. Regarding the requested Skelaxin 800 mg #90, there is no documentation of an acute exacerbation of chronic low back pain and that Skelaxin is being used as a second line option and for short-term treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Skelaxin use to date. Regarding the requested Provigil 200 mg #30, there is no documentation of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, or shift work sleep disorder. Regarding the requested Oxycodone 30 mg #30, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycodone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

SKELAXIN 800 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnosis of degeneration of thoracic disc. However, there is no documentation of an acute exacerbation of chronic low back pain and that Skelaxin is being used as a second line option and for short-term treatment. In addition, given documentation of ongoing use of Skelaxin since at least 1/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Skelaxin use to date. Therefore, based on guidelines and a review of the evidence, the request for Skelaxin 800 mg #90 is not medically necessary.

PROVIGIL 200 MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN, 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, Modafinil (Provigil®).

Decision rationale: MTUS does not address this issue. ODG supports Modafinil (Provigil) to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. In addition, ODG identifies that Modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Within the medical information available for review, there is documentation of diagnosis of degeneration of thoracic disc. However, there is no documentation of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, or shift work sleep disorder. Therefore, based on guidelines and a review of the evidence, the request for Provigil 200 mg #30 is not medically necessary.

OXYCODONE 30 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of degeneration of thoracic disc. In addition, given documentation of an opioid agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given documentation of ongoing use of Oxycodone since at least 1/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 30 mg #30 is not medically necessary.