

Case Number:	CM14-0030672		
Date Assigned:	06/20/2014	Date of Injury:	05/06/1999
Decision Date:	07/17/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/11/2014

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 Illinois. 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 49 year old male who reported an injury on 05/06/1999 due to unknown mechanism. The injured worker complained of both hips and his lower back hurting rated pain at 5/10 to 6/10. On physical exam dated on 06/06/2014, the injured worker reported that his pain is at 13/10 to 15/10. There was difficulty standing up from the chair, and exhibit postural guarding. The medications included are Norco, cymbalta, and celebrex, Provigil, and Ambien. The injured worker diagnoses are chronic pain syndrome, chronic hip pain, opioid dependence, chronic depression and myofascial pain disorder. The injured workers treatments/diagnostics none was documented. The treatment plan was for Norco 10/325mg 1-2 every 6 hours number 120 and Provigil 200mg 1 by mouth daily number 30. The authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 1-2 every 6 hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pages, 84-89. Page(s): 84-89.

Decision rationale: The request for Norco 10/325mg 1-2 every six hours, number 120 is not medically necessary. The injured worker complained of hips and lower back hurting. The injured worker complained of pain 5/10-6/10 and some days the injured worker had stated his pain was (13/10-15/10) which is not within the parameters of the VAS scale. The injured worker was taking Norco and Ambien, which helps but does wake up frequently due to pain. The California Medical Utilization Schedule (MTUS) guidelines state that the on-going management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effect, the guidelines state that the pain assessment should include: current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain before and after taking opioid; how long it takes for pain relief; and how long pain relief last. The guidelines also state that the four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The documentation submitted for review indicates that the Norco is giving the injured worker some relief there is no assessment objective assessment of pain, average intensity of pain, or longevity of pain relief. There is not enough documentation regarding drug screens and no mention of side effects to medication. Given the above, the request of Norco 10/325mg 1-2 every 6 hours number 120, according to guidelines the request is not medically necessary.

Provigil 200 mg, 1 po daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter pain: 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, Modafinil (Provigil®).

Decision rationale: The request for Provigil 200mg 1 by mouth daily number 30 is not medically necessary. The provider documented on the 02/07/2014 clinician visit that in the treatment plan that the Provigil was being prescribed to help with fatigue, which is caused by his Norco. According to the Official Disability Guidelines (ODG) Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Utilize with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification and adverse effects. Given the submitted documentation on the Provigil dated 02/07/2014 the request is not medically necessary.