

Case Number:	CM14-0034430		
Date Assigned:	07/21/2014	Date of Injury:	06/04/1991
Decision Date:	09/08/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/19/2014

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 57 year old female who sustained an industrial injury on 06/04/1991. She injured her right wrist lifting a 70 pound dog at work. Her diagnoses include chronic pain, reflex sympathetic dystrophy of the upper limb, insomnia and carpal tunnel syndrome. She also has a history of hypertension, hypothyroidism, degenerative joint disease, and liver disease. On exam she has tenderness and moderate pain with motion of the right hand. There are no motor or sensory deficits and she is neurovascularly intact. Treatment has included Medical Therapy, Physical Therapy, Aqua Therapy and a TENS unit. The treating provider has requested Morphine Sulfate 30mg, Avinza 60mg, Provigil 200mg and 10mg, Celebrex 200mg, and Levothyroxine 75mcg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines 2009 Page(s): 91-97.

Decision rationale: The documentation indicates the enrollee has been treated with opioid therapy with Morphine sulfate. Per California MTUS Guidelines, Morphine is a long acting very potent analgesic. Short-acting opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. The medical necessity for the requested service is not established. Therefore, the request is not medically necessary.

Avinza 60mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines 2009 Page(s): 91-97.

Decision rationale: Avinza is FDA approved for the management of moderate to severe pain when a continuous around-the-clock opioid analgesic is needed for an extended period of time. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, last reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that she has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status and this does not appear to have occurred with this patient. The patient has continued pain despite the use of long and short acting opioid medications. The medical necessity for the requested service is not established. Therefore, the requested treatment is not medically necessary.

Provigil 200 mg: 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) Stimulant therapy.

Decision rationale: Nuvigil (Armodafinil) and Provigil (Modafinil) are indicated to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome (OSAHS), and shift work sleep disorder. In OSAHS, Nuvigil and Provigil are indicated as an adjunct to standard treatment(s) for the underlying obstructions. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximum effort to treat with CPAP for an adequate period of time should be made prior to initiating Nuvigil or Provigil. If Nuvigil or Provigil is used adjunctively with CPAP, the encouragement of and periodic assessment of CPAP compliance is necessary. Per ODG stimulants are not indicated to counteract the sedation effects of narcotics. The medical necessity of the requested item is not established. The requested item is not medically necessary.

Celebrex 200 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 22. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Ch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines page Page(s): 30.

Decision rationale: NSAIDs may be grouped into three categories based on their relative selectivity for COX2; there are non-selective, partially selective, and selective agents. Celecoxib is a nonsteroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor, a drug directly targets COX-2, an enzyme responsible for inflammation and pain. Celecoxib may have a lower risk of GI events relative to nonselective NSAIDs; however, this has not been conclusively demonstrated with long term use and it is not known how Celecoxib compares to generic partially selective NSAIDs. The difference in the absolute risk of serious GI effects between Celecoxib and other NSAIDs is small and of unknown clinical significance. Elderly, those using high doses of NSAID, concurrent use of corticosteroids or anticoagulants and prior history of significant GI related events may result in an increase in the incidence of adverse effects from any NSAID. There is no specific indication for Celebrex therapy and there is no documentation that this particular medication has improved her functional ability. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Levothyroxine Sodium 75 mcg: 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 Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine 2013: Thyroid replacment.

Decision rationale: Thyroid replacement hormones are medications used to treat hypothyroidism, a condition in which the production of thyroid hormone in the body is abnormally low. Thyroid hormones increase cellular metabolism (activity of cells) that is

responsible for growth, development of tissues, maintenance of brain function, body temperature regulation and several other cellular processes. The patient has a history of hypothyroidism unrelated to her industrial work injury. Medical necessity for the requested item is not established. The requested item is not medically necessary.

Provigil 10 mg: 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) Stimulant therapy.

Decision rationale: Nuvigil (Armodafinil) and Provigil (Modafinil) are indicated to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome (OSAHS), and shift work sleep disorder. In OSAHS, Nuvigil and Provigil are indicated as an adjunct to standard treatment(s) for the underlying obstructions. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximum effort to treat with CPAP for an adequate period of time should be made prior to initiating Nuvigil or Provigil. If Nuvigil or Provigil is used adjunctively with CPAP, the encouragement of and periodic assessment of CPAP compliance is necessary. Per ODG stimulants are not indicated to counteract the sedation effects of narcotics. The medical necessity of the requested item is not established. The requested item is not medically necessary.

Provigil 200 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Nuvigil (armodafinil) and Provigil (modafinil) are indicated to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome (OSAHS), and shift work sleep disorder. In OSAHS, Nuvigil and Provigil are indicated as an adjunct to standard treatment(s) for the underlying obstructions. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximum effort to treat with CPAP for an adequate period of time should be made prior to initiating Nuvigil or Provigil. If Nuvigil or Provigil is used adjunctively with CPAP, the encouragement of and periodic assessment of CPAP compliance is necessary. Per ODG stimulants are not indicated to counteract the sedation effects of narcotics. The medical necessity of the requested item is not established. The requested item is not medically necessary.