MAXIMUS Federal Services

Case Number:	CM14-0034522		
Date Assigned:	06/20/2014	Date of Injury:	08/24/1999
Decision Date:	07/22/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 59 year old male with a date of injury on 8/24/1999. Diagnoses include lumbar post-laminectomy syndrome, lumbar disc disorder, chronic back pain, and sacroiliitis. Subjective complaints are of low back pain with radiation to the left leg, with poor quality of sleep. Physical exam shows loss of lumbar lordosis, with decreased range of motion. There was tenderness over the left sacroiliac joint, and palpable muscle spasm. Left leg S1 reflex was absent, and left foot had weakness with dorsiflexion. Medications include Gabitril, nabumetone, Norco 10/325, Topamax, Duragesic 75 mcg/hr patch, Effexor, Zanaflex, Soma, Provigil, and Zoloft. Records indicate that the patient has an opioid contract, urine drug screens, and that medications are providing functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duralgesic 75 mcg #10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, pain contract, risk assessment, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Norco 10/325 mg #150: Overturned

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): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, pain contract, risk assessment, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

Zoloft 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 14-16.

Decision rationale: CA MTUS indicate that antidepressants can be used for neuropathic pain, and possibly non-neuropathic pain. Zoloft is an SSRI of which the CA MTUS states that its use for pain is controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. For this patient, documentation does not show evidence of mood disorder, or prior psychological care or consultation. Furthermore, the patient is also on Effexor, and the efficacy or functional benefit of adding another antidepressant is not clearly documented. Therefore, the medical necessity of Zoloft is not established at this time.

Provigil 200 mg #30: Upheld

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

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: In regards to stimulants the ODG does not recommend them solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. FDA prescribing information indicates that Provigil can be used for narcolepsy and excessive daytime sleepiness due to shift work disorder. The submitted documentation does not present any objective findings that patient has narcolepsy, and the patient is not working. Rather, office notes suggest the lethargy was a side effect from pain medications. Therefore, the medical necessity of Provigil is not established.