

Case Number:	CM14-0045483		
Date Assigned:	07/02/2014	Date of Injury:	01/17/1995
Decision Date:	08/25/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/14/2014

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 Occupational Medicine 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:

The patient is a 59-year-old male who has submitted a claim for lumbar post-laminectomy syndrome, status post lumbar fusion, removed painful hardware, chronic opiate therapy for pain, and situational reactive depression secondary to the above associated with an industrial injury date of January 17, 1995. Medical records from 2013-2014 were reviewed. The patient complained of severe low back, buttock, and leg pain. Physical examination showed patient in mild distress with prolonged sitting. There was decreased range of motion of the lumbar spine. Significant sacroiliac pain with flexion and straight leg raising was noted. There was moderate myofasciitis as well. Motor strength and sensation was intact. Imaging studies were not available for review. Treatment to date has included medications, psychotherapy, activity modification, and lumbar fusion surgery. Utilization review, dated March 7, 2014, denied the requests for Aciphex 20mg 1 per day because there was no indication that the patient has GERD to warrant its use and there are multiple PPIs that are available over the counter that does not need to be prescribed; Oxycontin 20mg qid because it was being used four times daily which was not the intended dosage; and Provigil 200mg 1-2 per day because there was no indication that the patient has obstructive sleep apnea.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aciphex 20mg Tabs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on rabeprazole (Aciphex) since at least November 2013. However, there was no report that the patient has been taking NSAIDs. There was no subjective report that she was experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity of a PPI. Recent progress reports did not report gastric symptoms and no documentation of GI disorders. Furthermore, the present requests failed to specify the quantity to be dispensed. Therefore, the request for Aciphex 20mg Tabs is not medically necessary.

Oxycontin 20 Mg 100's Controlled Release Tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Oxycontin since at least November 2013. However, The patient claims that there is improvement of her pain with Norco. However, there is no documentation of pain relief (in terms of pain scale) and functional improvement (in terms of specific activities of daily living). There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Oxycontin 20 Mg 100's Controlled Release Tablets is not medically necessary.

Provigil (Modafinil) 200mg Tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. It states that modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. It is indicated to improve wakefulness in adults with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The patient should first have a complete evaluation with diagnosis according to the ICD or DSM classification. In this case, patient has been on Provigil since at least November 2013. Rationale for its use was not provided. There is no documentation of narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The medical necessity has not been established. Furthermore, the present request failed to specify the quantity to be dispensed. Therefore, the request for Provigil (Modafinil) 200mg Tablet is not medically necessary.