

Case Number:	CM14-0053541		
Date Assigned:	07/07/2014	Date of Injury:	01/27/2000
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/22/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 46 year old male injured on 01/27/00 due to an undisclosed mechanism of injury. Current diagnoses include chronic pain syndrome, lumbago, thoracic or lumbosacral neuritis/radiculitis and sleep apnea. The clinical note dated 03/06/14 indicates the injured worker presented complaining of back pain that was worse than normal rated at 7-8/10 with medications and 10/10 without. The documentation indicates the use of medication provides functional improvement by allowing the injured worker to walk to and from the car, sit for periods longer than 5 minutes, and walk farther than 20 feet. Physical examination reveals ambulation without assistance, lumbar tenderness throughout, and diffused spasms. The documentation indicates the injured worker reliant on medications to get through the day; allowing improved functionality to include moving about the house, sitting, standing, and interacting with others. Without medications, the injured worker would be functionally limited. The injured worker prescribed Provigil 200mg twice a day, Norco 10/325mg every 4-6 hours, Effexor XR 150mg three times a day, and Dilaudid 4mg every 4-6 hours. The documentation indicates urine toxicology consistent with prescribed medications. The initial request for Norco 10/325mg, Provigil 200mg and Dilaudid 4mg was initially non-certified on 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Norco 10/325mg is recommended as medically necessary at this time.

Provigil 200mg: Upheld

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

Decision rationale: As noted in the Official Disability Guidelines, Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. 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 Diagnostic and Statistical Manual of Mental Disorders diagnostic classification prior to prescribing of this medication. The documentation does not indicate that the injured worker is being prescribed Modafinil to counteract excessive sleepiness and is not Food and Drug Administration approved for the treatment of psychiatric conditions. As such, the request for Provigil 200mg cannot be recommended as medically necessary at this time.

Dilaudid 4mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing Page(s): 87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain

relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Dilaudid 4mg is recommended as medically necessary at this time.