

Case Number:	CM14-0066440		
Date Assigned:	07/16/2014	Date of Injury:	08/02/1997
Decision Date:	09/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 2, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; earlier lumbar laminectomy surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 10, 2014, the claims administrator denied a request for morphine, denied a request for gabapentin, denied a request for fentanyl, and denied a request for Provigil. The applicant's attorney subsequently appealed. In a progress note dated February 27, 2014, the applicant reported 3/10 pain with medications versus 9/10 pain without medications. The applicant stated that activities of daily living such as walking, running, bending, squatting, twisting, and walking were all problematic. The applicant was not working as modified duty was unavailable. The applicant was using Neurontin, Effexor, Protonix, Duragesic, Voltaren, tizanidine, and Ambien; it was stated, among other things. The applicant was also using psychotropic medications, including Seroquel. The applicant exhibited an awkward gait and limited range of motion in the clinic setting. The applicant had a Body mass index (BMI) of 30. The applicant was continued on her current pain medications. In a January 30, 2014 progress note, the applicant again reported 3/10 pain with medications versus 9/10 pain without medications, and persistent back and leg pain were noted. The applicant was not working, it was again noted. The applicant was having difficulty performing activities of daily living, including; standing, walking, kneeling, bending, and squatting, it was acknowledged. The applicant was using Ambien for anxiolytic effect, it was further stated. The applicant did not appear to be working with permanent limitations in place, and then Nortriptyline was introduced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate 30mg, #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is having difficulty performing even basic activities of daily living such as standing, walking, kneeling, squatting, etc., despite ongoing opioid therapy with morphine. Continuing the same, on balance, is not indicated, despite the applicant's reports of analgesia with the same. Accordingly, the request is not medically necessary.

Gabapentin 800mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function. In this case, there have been no tangible improvements in function achieved as a result of ongoing gabapentin usage. The applicant remains highly reliant and highly dependent on several opioids such as fentanyl and morphine. In short, ongoing usage of gabapentin has failed to produce any lasting benefit or functional improvement as defined in MTUS Chronic Pain Medical Treatment Guidelines; therefore, the request is not medically necessary.

Fentanyl 100mcg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant is having difficulties performing activities of daily living as basic as standing, walking, kneeling, bending, squatting, etc., despite ongoing usage of fentanyl. Continuing the same, thus, does not appear to be indicated, despite the applicant's self reports of analgesia with fentanyl. Accordingly, the request is not medically necessary.

Provigil 200mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Provigil Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Provigil, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, provide evidence to support such usage. The Food and Drug Administration (FDA) notes, that Provigil is indicated to improve wakefulness in applicants with narcolepsy, obstructive sleep apnea/hypopnea, and/or shift-work disorder. In this case, the applicant is not working, making a shift-work disorder highly unlikely. There was no mention of any issues associated with narcolepsy and/or obstructive sleep apnea present here. The attending provider did not state for what purpose Provigil was being employed, suggesting that it was, in fact, being employed for some non-FDA labeled purpose. No applicant-specific rationale or medical evidence was furnished so as to support usage of Provigil. Therefore, the request is not medically necessary.