MAXIMUS Federal Services

Case Number:	CM14-0071234		
Date Assigned:	07/16/2014	Date of Injury:	09/12/2008
Decision Date:	09/15/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a 52 year old female who sustained industrial-related injuries on September 12, 2008 while employed under [redacted]. Based from the medical records submitted, the injured worker has been provided with six visits of physical therapy and lumbar epidural steroid injection administered on October 11, 2013, which provided her pain relief of only one week. The injured worker's medication regimen as of December 31, 2013 includes: Norco 5/500 mg, Pristiq 50 mg, Provigil 100 mg, Dexilant DR 60 mg, Ultram ER 200 mg, Glucosamine and Chondroitin capsule, Trazodone 50 mg, and Protonix DR 40 mg. A review of the progress notes dated January 21, 2014 and March 4, 2014 reports increased pain level with additional complaints of nausea and poor sleep quality. She indicated her right hand numbness is getting worse and her activity level has decreased. The Dexilant provided last visit did not help. She has stopped Motrin but still has nausea. Trial Phenergan for nausea was prescribed. A urine drug screen dated March 4, 2014 indicates findings of analytes: Hydrocodone, Norhydrocodone, Tramadol, and Desmethyltramadol. This is consistent with the prescribed medications. Recent progress note dated April 1, 2014 notes complaints of neck pain radiating down to both arms and low back ache. The injured worker reports her pain level has remained unchanged since last visit. Current medications include Pristiq 50 mg, Provigil 100 mg, Dexilant DR 60 mg, Ultram ER 200 mg, Promethazine 25 mg, Norco 10/325 mg, Glucosamine and Chondroitin capsule, Trazodone 50 mg, and Protonix DR 40 mg. Other complaints include poor sleep, abdominal pain and nausea. A cervical examination showed restricted and painful ranges of motion. A lumbar exam showed restricted ranges of motion, tenderness over the paravertebral muscles, and tight muscle band on both sides. Spinous process tenderness was noted over L1 through L5. Lumbar facet loading is positive on both sides. Faber test was positive. Tenderness over the left sacroiliac (SI) joint and trigger point with radiating pain noted. There was a twitch response on palpation at the

cervical paraspinal muscle on the left. A left wrist examination showed a palpable, non-movable nodule on radial aspect of the wrist. It was noted that the injured worker is working full time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100mg QTY: 45: 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 Non-MTUS Official Disability Guidelines (ODG), Pain, Modafinil.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines does not address this medication. As per the Official Disability Guidelines (ODG), Modafinil (Provigil) is a wakefulness-promoting agent indicated to improve wakefulness in injured workers with excessive sleepiness associated with narcolepsy, obstructive sleep apnea (OSA), and shift work disorder (SWD). According to the medical records submitted for review, the injured worker does report "poor sleep" but no documentation of recent sleep study was performed to determine if she has central sleep apnea. There is also no indication in the medical records that the injured worker has improved clinically and was more alert and able to perform duties while taking Provigil. Per the Official Disability Guidelines (ODG), this medication is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Therefore, it can be concluded that the medical necessity of Provigil 100 mg #45 is not medically necessary at this time.

Norco 10/325mg QTY: 45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines recommends the ongoing use of opioids and the management of chronic pain be supported by increased functional benefit, pain relief, management of side effects, and monitoring for aberrant behavior. The medical records reviewed did provide evidence that the injured worker is being monitored for drug compliance, aberrant behavior and side effects of this medication. However, it did not provide any clear qualitative evidence of functional benefit as a result of medication schedule, as well as provided pain relief. Additionally, guidelines indicate that opioid therapy should not be initiated without a failed trial of non-opioid analgesics, and only one drug should be changed at a time. Based from progress report dated August 27, 2013, the injured worker has been simultaneously taking Ultram ER 200 mg and 100 mg as well as

Norco 5/500 mg. On November 26, 2013, Ultram ER mg was increased to twice a day dosage, Ultram ER 100 mg was discontinued and Norco was refilled. Beginning two Opioid medications at once is not allowing adequate trial of Ultram, which may be sufficient for pain control. Therefore, it can be concluded that the medical necessity of Norco 10/325 mg is not medically necessary.