

Case Number:	CM14-0080768		
Date Assigned:	07/18/2014	Date of Injury:	01/21/2004
Decision Date:	08/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

This is a 63 year old female injured worker with date of injury of 1/21/04 with complaints of back and leg pain. Per progress report dated 6/10/14, the injured worker reported a moderate increase in leg pain and that she was dependent on a walker for ambulation and medications to allow even modest Activities of Daily Living (ADLs). Per physical exam, moderate paralumbar myospasm was noted. MRI of the lumbar spine dated 2/4/14 revealed mild-to-moderate central canal stenosis at L2-L3 as well as mild-to-moderate right and mild left foraminal stenosis at that same level. At L1-L2, there was severe canal stenosis as well as mild-to-moderate bilateral foraminal stenosis. Per progress report dated 6/10/14, her insurance company felt a need to send her through detox, but she and her husband did not want her to go. The documentation submitted for review did not state whether physical therapy was utilized. She has been treated with medication management. The date of UR decision was 5/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." Review of the available medical records reveal no documentation to support the medical necessity of oxycodone nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity, and were present in the form of UDS. UDS collected 11/12/13 was consistent with prescribed medications. However, there is no documentation comprehensively addressing the aforementioned concerns in the records available for my review. While this is a new request for oxycodone, representing a switch from Lorcet, the injured worker has been using opioids chronically, and the submitted documentation contain no ongoing records of pain relief or functional improvement. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of this request for #90.

Modafinil 200 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

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).

Decision rationale: The MTUS is silent on the use of Modafinil. Per ODG TWC with regard to Modafinil: "Not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder." The documentation submitted for review does not indicate that this medication is being prescribed for any of the guideline stated indications. The request is not medically necessary.