

<b>Case Number:</b>	CM14-0092857		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/23/1995
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 & 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 72-year-old male who reported an injury on 06/23/1995. The mechanism of injury was not provided with the documentation submitted for review. The injured worker's diagnosis was degenerative spondylolisthesis and left L4-5 radiculopathy. Prior treatments were noted to be surgery and medications. Surgical history included removal of segmental posterior lumbar instrumentation, L4-5. The injured worker had subjective complaints of fair quality of sleep. The injured worker reported unchanged pain level. The objective physical examination findings were noted to be restricted range of motion with flexion limited to 45 degrees in the lumbar spine, limited by pain, and extension limited to 10 degrees. Upon palpation, the paravertebral muscles revealed tenderness and tight muscle band. Straight leg raise test was negative. Motor testing was limited by pain. Strength testing was 5/5 with the lower extremities. The injured worker was noted to have medication use of Paxil, Provigil, Lortab, and Morphine. The treatment plan was for current medication refills. The provider's rationale for the request was noted in the documentation. A Request for Authorization form was not provided with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Pf 50mg/mil SIG for IT pump use: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter <http://www.drugs.com/pro/provigil.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

**Decision rationale:** The request for morphine PF 50 mg/ml SIG for IT pump use is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include 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 A's" (analgesia, activities of daily living, adverse side effects, and 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review provides a clinical examination on 04/17/2014. The examination does not provide an adequate pain assessment for a patient with ongoing therapy of opiates. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to a lack of pain assessment, the injured worker does not have a recent urine drug screen. As such, the request for morphine PF mg/ml SIG for IT pump use is not medically necessary.

**Paxil 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend selective serotonin reuptake inhibitors as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The injured worker was not noted to have symptoms or a diagnosis of secondary depression. It is not noted that use of Paxil has provided the injured worker pain relief. The guidelines do not recommend SSRIs. The provider's request for Paxil fails to provide a dosage frequency and a quantity. Therefore, the request for Paxil 20 mg is not medically necessary.

**Lortab 10/500mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter <http://www.drugs.com/pro/provigil.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

**Decision rationale:** The request for Lortab 10/500 mg is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opioids. These include 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 A's" (analgesia, activities of daily living, adverse side effects, and 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. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review provides a clinical examination on 04/17/2014. The examination does not provide an adequate pain assessment for a patient with ongoing therapy of opiates. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition to a lack of pain assessment, the injured worker does not have a documentation submitted with this review of a current urine drug screen. The provider's request fails to indicate a dosage frequency and a quantity. As such, the request for Lortab 10/500 mg is not medically necessary.

**Provigil 200mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA, OSA <http://www.drugs.com/pro/provigil.html>.

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

**Decision rationale:** The request for Provigil 200 mg is not medically necessary. The Official Disability Guidelines do not recommend Provigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. The documentation submitted for review fails to provide the success of this drug in reducing narcotic use. It is not noted that this drug provides efficacy, according to a physician's progress report dated 04/17/2014. The provider's request fails to indicate a dosage frequency and quantity. Therefore, the request for Provigil 200 mg is not medically necessary.