MAXIMUS Federal Services

Case Number:	CM14-0189862		
Date Assigned:	11/21/2014	Date of Injury:	09/11/2000
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/13/2014

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 Interventional Spine 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 patient is a 58 year old female with a date of injury of 9/11/00. The listed diagnoses are chronic pain low back, lumbar disk injuries, chronic pain syndrome, depression, chronic neck pain, and lumbosacral radiculopathy. According to progress report 10/28/14, the patient presents with continued low back and left leg pain. She also reports neck pain and stiffness. She has continued joint pain, with wrist hand numbness and tingling. The TENS unit, Lidoderm patches, Relafen, icy hot and Norco help with pain. Wellbutrin has been helpful in her mood and coping with her chronic pain. Tegaderm is used to help "keep Lidoderm from peeling off." Physical examination revealed tight/tender bilateral cervical paraspinal and upper trapezius muscles. There is tightness and tenderness of the bilateral Lumbosacral paraspinal muscles. MRI of the lumbar spine from 5/14/13 showed 5mm L4-5 central disk protrusion and 5-6mm L5-S1 central disk extrusion with degenerative disc disease (DDD). Treatment plan includes refill of medications. The Utilization Review denied the requests on 11/3/14. Treatment reports from 12/16/13 and 10/28/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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): 88, 89, 76-78.

Decision rationale: The current request is for Norco 10/325mg #120. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient has been prescribed Norco for pain since 12/16/13. Recommendation for further use of Norco cannot be supported as the provider provides no discussion of functional improvement or changes in activities of daily living (ADLs) as required by MTUS for opiate management. Report dated 10/28/14 states that medication help with pain, but there is no before and after pain scale to denote a decrease in pain with medications. In addition, there is no discussion of adverse side effects of possible aberrant behaviors and urine drug screens are not provided as required by MTUS. In this case, the treating physician has failed to provide the minimum requirements of documentation that are outlined at MTUS for continued opiate use. The requested Norco is not medically necessary.

Provigil 100mg #30 with 2 refills: 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 Official Disability Guidelines (ODG) Pain Chapter, Provigil

Decision rationale: The current request is for Provigil 100mg #30 with 2 refills. The medical file indicates that the patient has been prescribed Provigil since 2/6/14. The ACOEM and MTUS Guidelines do not discussed Modafinil. However, Official Disability Guidelines under the Pain Chapter has the following regarding Provigil, "not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and Modafinil." Review of the reports states that Provigil is prescribed for patient's "fatigue with pain." There is no documentation of excessive sleepiness due to narcolepsy or other sleep disorder. The requested Provigil is not medically necessary.

Tegaderm large #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 16 Eye Chapter Page(s): 491.

Decision rationale: The current request is for Tegaderm large #60 with 2 refills. Tegaderm is a transparent medical dressing with an adhesive film frame. The treating physician states that Tegaderm is used to help "keep Lidoderm from peeling off." In this case, there are no medical guidelines that support this product. ACOEM guidelines have the following regarding evidence based medicine on page 491, "Evidence based medicine focuses on the need for health care providers to rely on a critical appraisal of available scientific evidence rather than clinical opinion or anecdotal reports in reaching decisions regarding diagnosis, treatment, causation, and other aspects of health care decision making. This mandates that information regarding health outcomes in study populations or experimental groups be extracted from the medical literature, after which it can be analyzed, synthesized, and applied to individual patients." Tegaderm is an over the counter dressing. The treating physician has not provided any discussion regarding the medical necessity of Tegaderm. Therefore, the requested Tegaderm is not medically necessary.