

Case Number:	CM15-0142207		
Date Assigned:	08/06/2015	Date of Injury:	06/08/2003
Decision Date:	09/22/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old, female who sustained a work related injury on 6-8-03. The diagnoses have included status post lumbar spine surgery, status post hardware removal from lumbar spine, multilevel cervical spondylosis and disc collapse C7-T1, C2-3 and C6-7 disc bulges, status post cervical spine surgery, adjacent segment disease L2-3 with central stenosis and severe foraminal stenosis and facet arthropathy, T12-L1 disc herniations with foraminal stenosis and facet arthropathy and moderate right tunnel carpal tunnel syndrome. Treatments have included physical therapy, pool therapy, 1 chiropractic treatment (made condition worse), lumbar injections, home exercises, oral medications, and use of Biofreeze gel. In the PR-2 dated 5-13-15, the injured worker reports neck pain with pain radiating to right arm. She reports low back pain and leg pain. On physical exam, motion of the neck causes painful symptoms. She has muscle spasms at the cervical spine. Cervical spine range of motion is extension at 15 degrees, rotation left at 45 degrees and right rotation is 45 degrees. She has decreased sensation in right C3 dermatome. She has difficulty walking. She has difficulty changing positions and getting up on exam table. She has tenderness in the lumbar paraspinal regions. Lumbar range of motion is restricted due to pain. There is guarding with motion. There is muscle spasm present. She is not working. The treatment plan includes prescriptions for medications and Biofreeze gel and a request for acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 5/13/15) Provigil 200mg qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compound medication Page(s): 8-9.

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/Modafinil (Provigil) Section.

Decision rationale: The MTUS Guidelines do not address the use of Provigil. The ODG does not recommend the use of Provigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. The medical reports provided for review do not establish medical necessity for the use of Provigil within these guidelines. The request for retrospective (dos 5/13/15) Provigil 200mg qty 30 is not medically necessary.

Retrospective (dos 5/13/15) Soma 350mg qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Section, Weaning of Medications Section Page(s): 29, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. Although there is objective evidence of spasm, the request for 90 tablets does not reflect a short term trial. The request for retrospective (dos 5/13/15) Soma 350mg qty 90 is not medically necessary.

Retrospective (dos 5/13/15) Prilosec 20mg qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for retrospective (dos 5/13/15) Prilosec 20mg qty 30 is not medically necessary.