

Case Number:	CM15-0181086		
Date Assigned:	09/22/2015	Date of Injury:	12/20/2008
Decision Date:	11/03/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old female, who sustained an industrial injury on 12-20-08. Current diagnoses or physician impression includes cervicalgia, arthropathy of cervical facet joint, cervical degenerative disc disease and brachial neuritis (unspecified). She is able to work with limitations. A report dated 8-4-15 reveals the injured worker presented with complaints that include right sided neck pain with stiffness, tender to deep palpation and difficulty turning her head. The pain is described as constant, moderate, aching and stinging and is exacerbated by right arm use, neck extension and neck movement. She reports headaches and upper extremity weakness. She reports adequate relief from her medications, which allows her to engage in activities of daily living with limitations. A physical examination dated 8-4-15 revealed moderate, generalized tenderness in the cervical spine and right upper trapezius area. There is tenderness to paravertebral muscles at C3-C7. Treatment to date has included medications; Valium, Provigil (11-13-14), Zofran (12-11-14), Baclofen, MS IR, Methadone (11-13-14) and Oxycodone. She engaged in chiropractic care; however, the therapeutic response was not included. Diagnostic studies to date have included urine toxicology screens dated 12-16-14 and 7-7-15, which revealed inconsistencies. A request for Methadone 5 mg #150 is modified to #32 for weaning as the documentation does not include pain relief in terms of VAS and a recent urine drug screen is not consistent with the prescribed medications. The requests for Zofran 8 mg #30 is denied as the guidelines recommend use, for nausea and vomiting secondary to chemotherapy, radiation and post-operative use, which the documentation does not indicate, and Provigil 200 mg #30 is denied as the use of Provigil to "counteract the sedation effects of narcotics until after first considering reducing excessive narcotics is not recommended", per Utilization Review letter dated 8-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: With regard to methadone, the MTUS CPMTG states: "Recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Methadone should only be prescribed by providers experienced in using it." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going 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 A's (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 reveals no documentation to support the medical necessity of methadone 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. UDS dated 12/17/14 was positive for codeine, morphine, oxycodone, oxymorphone, methadone, temazepam, and nordiazepam. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed and therefore is not medically necessary.

Zofran 8mg #30: Upheld

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

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), Anti-emetics.

Decision rationale: The MTUS is silent on the use of ondansetron. With regard to anti-emetics, the ODG states "Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications." Specifically, "Ondansetron (Zofran): This drug is a serotonin 5-HT₃ receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." As the injured worker is not postoperative or experiencing nausea and vomiting secondary to chemotherapy and radiation treatment, or gastroenteritis, ondansetron is not recommended. There was no documentation suggesting the ongoing necessity of the medication or its efficacy. The request is not medically necessary.

Provigil 200mg #30: Upheld

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

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

Decision rationale: The MTUS is silent on the use of modafinil (Provigil). 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." While it is noted that the injured worker was diagnosed with obstructive sleep apnea, it is not related to his industrial injury. The request is not medically necessary.