MAXIMUS Federal Services

Case Number:	CM15-0191269		
Date Assigned:	10/05/2015	Date of Injury:	06/17/1998
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 57 year old female who sustained an industrial injury on 06-17-1998. Medical records indicated the worker was treated for low back pain; lumbar degenerative disc disease; Lumbar radiculitis; right shoulder pain; chronic pain syndrome; bruxism; and periodontal disease. In the provider notes of 09-09-2015, the injured worker complains of chronic pain in the low back that radiates to the left leg and right thigh. She also complains of cramps in the thigh and calves and muscle spasms in her upper lumbar-lower thoracic area. She rates her pain as a 6-9 on a scale of 01-10 without pain medication and a 4-7 with the pain medication. Pain is aggravated by sitting, standing still, bending and lifting. Medication, physical therapy and lying down help alleviate her pain. On exam, she has a mildly positive straight leg raise on the left and the sign is equivocal on the right. Reflexes are 2+ for both quadriceps, and absent bilateral gastrocsoleus reflexes. Her strength is 5 out of 5 for both upper extremities and both lower extremities. In her treatment plan, she is counseled on an inconsistent urine toxicology testing done 05-11-2015 that showed positive morphine. She denied having taken any morphine. Her subsequent screen on 07-10-2015 was consistent with the pain medication prescribed. The CURES report obtained 09-08-2015 showed medications from one prescriber only. The treatment plan included renewal of prescriptions that included Provigil.
Norco was continued with no stronger medication despite her complaint 07-10-2015 that Norco was not sufficiently controlling her pain. Her medications include Norco, Prozac, Provigil, Celebrex, clonazepam, pantoprazole and Tizanide since at least 11-13-2014. She has been weaned off Kaiden, and a slow taper of pain medications was continued since that date (11-13-

2014) secondary to urine drug screens inconsistent with her prescribed medications. A request for authorization was submitted for Provigil 200mg quantity 30; 13 tablets of Norco 10/325mg; and Norco 10/325mg quantity 60. A utilization review decision 09-17-2015 authorized 13 tablets of Norco 10/325mg, and non-approved the Provigil 200mg quantity 30 and Norco 10/325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg quantity 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, Modafinil (Provigil).

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: Provigil 200mg quantity 30 is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that Modafinil (Provigil) is not recommended 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. The documentation does not indicate that the patient is using Provigil for one of the above indications. She was using this medication to counteract side effects from opioids for which this medication is not medically necessary.

Norco 10/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Norco 10/325mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of objective functional improvement therefore the request for continued Norco is not medically necessary.