

Case Number:	CM15-0196044		
Date Assigned:	10/09/2015	Date of Injury:	08/11/2003
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/06/2015

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:

This injured worker is a 37 year old male, who sustained an industrial injury on 08-11-2003. The injured worker was diagnosed as having pain-wrist-forearm, reflex sympathetic dystrophy upper limb and encounter long RX use. On medical records dated 08-17-2015, the subjective complaints were noted as pain in left arm and hand. Pain was noted as 10 out of 10 without medication. Pain was noted 7 out of 10 with medication. Objective findings were noted as left upper extremity revealed tenderness to palpation, left wrist was swollen and tender with positive Finkelstein test was noted. Range of motion was decreased. Pain with bending was noted. Right upper extremity was noted as having tenderness to palpation. Wrist revealed joint swelling, tendon sheath swelling and positive Finkelstein's test. Treatments to date included medication and laboratory studies. Current medications were listed as Oxycodone and Hydrocodone, Valium, Lexapro, Marinol and Zolpidem. The injured worker was on Modafinil and Oxycodone since at least 12-2014. The Utilization Review (UR) was dated 09-04-2015. A Request for Authorization was dated 08-28-2015. The UR submitted for this medical review indicated that the request for Modafinil 200mg #30 and Oxycodone 30mg #180 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Modafinil 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 (Chronic): Modafinil (Provigil) (2015).

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: 1 prescription of Modafinil 200mg #30 is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that Modafinil 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.

1 prescription of Oxycodone 30mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: 1 prescription of Oxycodone 30mg #180 is not medically necessary per the MTUS Guidelines. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The MTUS states that opioids are minimally indicated for neuropathic pain or for compressive/mechanical etiologies. 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, high dose opioids without significant evidence of increase in function therefore the request for continued oxycodone is not medically necessary.