

Case Number:	CM15-0220620		
Date Assigned:	11/16/2015	Date of Injury:	06/12/1991
Decision Date:	12/24/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/10/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 76 year old female, who sustained an industrial injury on 6-12-91. The injured worker was diagnosed as having status post lumbar laminectomy syndrome with residual pain. Treatment to date has included right total knee replacement, use of a walker, and medication including Levorphanol, Norco, Neurontin, Topamax, Provigil, and Celebrex. On 7-20-15 pain was rated as 7 of 10. The injured worker had been taking Levorphanol and Norco since at least April 2015 and Provigil since at least May 2015. On 9-21-15, the injured worker's complaints were not noted. However a diagram was provided that indicated pain was present in the back and bilateral upper and lower extremities. On 9-30-15 the treating physician requested authorization for Levorphanol 2mg #240, Norco 10-325mg #240, and Provigil 200mg #30. On 10-14-15 the request for Levorphanol was modified to certify a quantity of 216, Norco was modified to certify a quantity of 216, and Provigil was modified to certify a quantity of 20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levorphanol 2mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Levorphanol, Opioids.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Levorphanol was used leading up to this request. However, a full review was not seen as completed at the past few visits with the provider for refills. There was no documented pain level or functional status with and without use of this medication or clear report of lack of significant side effects. Without this full review at least periodically documented to help justify continuation of this medication, it will be considered medically unnecessary. Weaning may be indicated.

Norco 10/325mg #240: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, Norco was used leading up to this request. However, a full review was not seen as completed at the past few visits with the provider for refills. There was no documented pain level or functional status with and without use of this medication or clear report of lack of significant side effects. Without this full review at least periodically documented to help justify continuation of this medication, it will be considered medically unnecessary. Weaning may be indicated.

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 (ODG), Pain, 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 section, Modafinil.

Decision rationale: The MTUS does not address Modafinil use. The ODG, however, states that it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution. 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. This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. It is not clear from the notes as to why Provigil was being prescribed, but there was no diagnosis seen listed which would warrant its use. Therefore, as it is likely that it is used to compensate for side effects of medications used, this is not medically necessary and weaning of opioids would be the more appropriate strategy.