

Case Number:	CM15-0040824		
Date Assigned:	03/11/2015	Date of Injury:	12/20/2008
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

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: Physical Medicine & Rehabilitation

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 41-year-old female, who sustained an industrial injury on 12/20/2008. She reported neck pain. The injured worker was diagnosed as having cervicalgia; neck sprain; carpal tunnel syndrome; right shoulder impingement syndrome; rotator cuff sprain; post-laminectomy syndrome of the cervical region; cervical spondylosis; and post-laminectomy syndrome of the lumbar region. Treatment to date has included medications, chiropractic therapy, and surgical intervention. Medications have included Baclofen, Valium, Provigil, and Oxycodone. A progress note from the treating provider, dated 01/08/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of neck pain and impaired range of motion; pain radiates to the right shoulder and right arm; associated symptoms include headache and upper extremity weakness; able to do activities of daily living and work with current medication treatment. Objective findings included tenderness to cervical paravertebral muscles at C3-7; and repeated movements increase pain. The treatment plan of care included the continuation of prescription medications. Request is being made for 30 Tablets of Valium 10 mg; and 30 Tablets of Provigil 200 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of valium 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 01/08/2015 report, this patient presents with right posterior-lateral neck pain that radiates to the right upper extremity. The current request is for 30 Tablets of Valium 10mg. The request for authorization and the patient's work status are not included in the file for review. Regarding Benzodiazepines, the MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of the provided reports show the patient has been prescribed Valium since 08/20/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request is not medically necessary.

30 tablets of provigil 200mg: Overturned

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

MAXIMUS guideline: Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter: Provigil.

Decision rationale: According to the 01/08/2015 report, this patient presents with right posterior-lateral neck pain that radiates to the right upper extremity. The current request is for 30 tablets of Provigil 200mg. This medication was first mentioned in the 08/20/2014 report; it is unknown exactly when the patient initially started taking this medication. The request for authorization and the patient's work status are not included in the file for review. Regarding Provigil, ODG guidelines state Provigil is approved by the FDA for the treatment of narcolepsy. Prescribers using Provigil for sedation effects of opiate should consider reducing the dose of opiates before adding stimulants. Based on the provided medical records, the treating physician states, "current non-opioid treatment includes Proviqil. Meds are helping taking edge off." Per 08/20/2014 report, the patient's opioid treatment includes Morphine Sulfate 30MG and Methadone HCI 5MG; and on 08/08/2015 report, the patient opioid treatment includes Oxycodone HCI 30MG and Methadone HCI 5MG. In this case, the treating physician is monitoring the patient's progress and has made appropriate recommendations regarding the patient's medication management. Given the patients chronic neck pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines, the current request is medically necessary.

