

Case Number:	CM15-0058244		
Date Assigned:	04/03/2015	Date of Injury:	07/27/2011
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/26/2015

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: Emergency 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 52-year-old male sustained an industrial injury on 7/27/11. He subsequently reported neck pain. Diagnostic testing has included MRIs. Diagnoses include posttraumatic head syndrome, cervical disc osteophyte and cervicogenic headache. Treatments to date have included surgery, injections and prescription pain medications. The injured worker continues to experience neck pain and headaches. A request for Norco, Fioricet and Nuvigil medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tablet by mouth 3 times a day, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg 1 tablet by mouth 3 times a day, #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain and headaches. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg 1 tablet by mouth 3 times a day, #90 is not medically necessary.

Fioricet 1 table by mouth twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 124, 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, Barbiturate-containing analgesic agents (BCAs) Page(s): 23, 78-82.

Decision rationale: The requested Fioricet 1 table by mouth twice a day #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. CA MTUS Chronic Pain Treatment Guidelines, p. 23 Barbiturate-containing analgesic agents (BCAs), not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important. The injured worker has neck pain and headaches. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening; nor medical necessity specifically for a barbiturate-containing medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, Fioricet 1 table by mouth twice a day #60 is not medically necessary.

Nuvigil 200mg 1 tablet by mouth once day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Armodafnil (Nuvigil).

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

Decision rationale: The requested Nuvigil 200mg 1 tablet by mouth once day #30 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic) Provigil (Modafinil) recommends instead for providers to reduce sleep-inducting opiates. The injured worker has neck pain and headaches. The treating physician has not documented the medical necessity for this medication as an outlier to referenced negative guideline recommendations. The criteria noted above not having been met, Nuvigil 200mg 1 tablet by mouth once day #30 is not medically necessary.