

Case Number:	CM15-0081028		
Date Assigned:	05/01/2015	Date of Injury:	09/14/1993
Decision Date:	06/03/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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 58 year old male, who sustained an industrial injury on 09/14/1993. According to a progress report dated 03/23/2015, the injured worker had been experiencing neck pain for more than 10 years. Pain radiated to the left and right shoulder. The left shoulder had been more symptomatic over the last 2-3 months. Pain was rated 2 on a scale of 1-10. Other symptoms included frustration, increased pain with coughing and sneezing, non-restful sleep, numbness, tingling, migraines/headaches and constipation with current medications. Diagnoses included degenerative lumbar/lumbosacral intervertebral disc, displacement lumbar intervertebral disc without myelopathy, brachial neuritis or radiculitis not otherwise specified, depressive disorder not elsewhere classified and insomnia unspecified. Treatment plan included MS Contin, Compounded Hydrocodone SR, Lunesta, Doxepin, Lyrica and Provigil. Currently under review is the request for Hydrocodone and Provigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg SR #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, When to Discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS guidelines state that opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. The guidelines state that pain may be improved with weaning of opioids. In addition, the long-term use of opioids places the injured worker at a greater risk of adverse effects. The medical records note that the injured worker has been prescribed opioids for an extended period of time. Norco has been discontinued and Hydrocodone SR has been initiated. The medical records note that weaning of opioids has been previously recommended. The request for a new opioid, Hydrocodone 10mg SR #90 is not medically necessary and appropriate.

Provigil 100mg #60: 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, Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

Decision rationale: Per ODG, Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The medical records do not indicate the injured worker being diagnosed with conditions that would support the use of this medication. The request for Provigil 100mg #60 is not medically necessary and appropriate.