

Case Number:	CM15-0096488		
Date Assigned:	05/26/2015	Date of Injury:	12/20/2008
Decision Date:	07/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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: Pennsylvania, Ohio, 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 42 year old female, who sustained an industrial injury on December 20, 2008. Treatment to date has included non-opioid and opioid medications, and chiropractic therapy. Currently, the injured worker complains of neck pain and neck stiffness. The neck pain radiates to the right shoulder and right arm and she describes the pain as moderate in severity, constant, aching and stinging. Her pain is exacerbated with use of her right arm, neck extension and neck movement. Associated symptoms include headache and upper extremity weakness. On physical examination the injured worker has moderate tenderness to palpation over the upper trapezius area and the cervical paravertebral muscles. The diagnoses associated with the request include cervicgia, cervical degenerative disc disease, atrophy of the cervical facet joint and brachial neuritis. The treatment plan includes continued Valium, Provigil, Oxycodone, Methadone, Zofran, and follow-up evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Provigil 200 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Decision rationale: ODG recommends this medication primarily for narcolepsy or sleepiness associated with shift-work disorder or sleep apnea. This medication is not indicated for sedation of opioids prior to instead considering a reduced dosage of opioids, as has been suggested in this case. The request is not medically necessary.

Zofran 8 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Ondansetron.

Decision rationale: ODG states that Ondansetron is not indicated for nausea and vomiting due to chronic opioid use. The records in this case do not provide an alternate rationale for the request. This request is not medically necessary.