Case Number:	CM13-0067873		
Date Assigned:	01/03/2014	Date of Injury:	04/16/2003
Decision Date:	07/14/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/18/2013

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. The expert reviewer is Board Certified in Anesthesiology Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year old male who reported an injury on April 16, 2003. The injured worker had a physical examination on November 27, 2013 and reported back pain and bilateral leg pain. The injured worker finds MS Contin and Norco to be helpful but the side effects include sedation. The injured worker states pain level of 7-8/10 without medications and 6-7 with medications. The physical findings include sitting to standing with moderate difficulty and tenderness at bilateral paravertebral muscles Lumbar (L) 2, L3, L4, L5 and sacrum. The assessment is post laminectomy syndrome of lumbar region and the treatment plan to continue on MS Contin and Norco. A State of California Division of Workers Compensation Request for Authorization for Medical Treatment was not submitted with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 30MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids and Opioids, Dosing.

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

Decision rationale: The California MTUS Guidelines include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These consist of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The physical evaluation of the injured worker's pain fails to support that this medication is even minimally effective by pain rating of 7-8/10 without medication and 6-7/10 with medication. The documentation submitted for review states side effects of sedation and it does not include a recent urine drug screen. Furthermore, the guidelines recommend no more than 120mg total daily morphine equivalent dose. With the Norco and MS Contin the injured worker's total daily morphine equivalent dose is 220mg. Therefore the request for MS Contin 30 mg four times a day #120 is not medically necessary.

NORCO 10/325MG, #120 WITH ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids and Opioids, Dosing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. These consist of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The physical evaluation of the injured worker's pain fails to support that this medication is even minimally effective by pain rating of 7-8/10 without medication and 6-7/10 with medication. The documentation submitted for review states side effects of sedation and it does not include a recent urine drug screen. Furthermore, the guidelines recommend no more than 120mg total daily morphine equivalent dose. With the Norco and MS Contin the injured worker's total daily morphine equivalent dose is 220mg. Therefore the request for Norco 10/325mg four times a day as needed #120 is not medically necessary.

NUVIGIL 250MG, #30 WITH 5 REFILLS: 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 Chapter, Armodafinil (Nuvigil).

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

Decision rationale: The Official Disability Guidelines do not recommend Nuvigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The clinical documentation submitted does not support any reducing of narcotics nor does the examination support narcolepsy or a sleep disorder. Therefore, the request for Nuvigil is not medically necessary.