

Case Number:	CM14-0180005		
Date Assigned:	11/04/2014	Date of Injury:	01/23/2000
Decision Date:	12/17/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 65 year-old female with date of injury 01/23/2000. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/30/2014, lists subjective complaints as chronic pain (no specific body parts were given). Objective findings: Patient was pale in the face, depressed, and wheelchair bound; Paresis of the left arm, left leg, and right leg; Difficulty with memory issues and impending decubitus ulcers, both ischial tuberosities. No other physical examination findings were recorded. Diagnoses: 1) Failed lumbar fusion 2) Pain, joint, hip/pelvic region 3) Pain, thoracic 4) Severe reactive depression/anxiety 5) Osteopenia 6) High CRP 7) Anorexia/cachexia 8) Anemia 9) Sleep disturbance related to chronic pain 10) Hypertension 11) Xerostomia with significant dental health requiring extensive dental work 12) Microcytic anemia 13) Non WC Addison's disease 14) Peripheral neuropathy 15) Mixed etiology of cognitive and speech difficulty 16) Paresis of left hand 17) L1-2 kyphosis and advanced degenerative changes with L2 pedicle screws breaching the L2 superior endplate cortices 18) Overuse syndrome left shoulder due to paresis of left upper extremity. Original review modified medication request to 1) Oxycontin 40mg, #180 and 2) Dilaudid 2mg, #112. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medications: 1. Marinol 10mg, #120 SIG (labeled): 4 times daily 2. Nuvigil 150mg, #30 SIG: 1 a day 3. Oxycontin 40mg, #240 SIG: 4 bid 4. Dilaudid 2mg, #150 SIG: 1-2, 4-6 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Marinol 10mg, #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 (Chronic), Dronabinol (Marinol)

Decision rationale: According to the Official Disability Guidelines, Marinol is not recommended for pain. There are no quality studies supporting cannabinoid use, and there are serious risks. It is very hard to do controlled studies with a drug that is psychoactive because it is hard to blind these effects. At this time it is difficult to justify advising patients to smoke street-grade marijuana, presuming that they will experience benefit, when they may also be harmed. The results of a preliminary study suggest that dronabinol, a synthetic THC, resulted in additional analgesia among patients taking opioids for chronic noncancer pain. Adding a cannabinoid to opioid therapy may lead to greater pain relief at lower opioid doses, according to a new study, but more study is needed. At this time, neither marijuana nor Marinol can be recommended. Marinol 10mg, #120 is not medically necessary.

Nuvigil 150mg, #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 (Chronic), Armodafinil (Nuvigil)

Decision rationale: According to the Official Disability Guidelines, Nuvigil cannot be recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and Modafinil. For more information see also Modafinil (Provigil), where it is not recommended 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 150mg, #30 is not medically necessary.

Oxycontin 40mg, #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 4 months. Oxycontin 40mg, #240 is not medically necessary.

Dilaudid 2mg, #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. The patient is taking both OxyContin and Dilaudid. Dilaudid 2mg, #150 is not medically necessary.