

Case Number:	CM14-0095879		
Date Assigned:	07/25/2014	Date of Injury:	06/04/1991
Decision Date:	09/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/24/2014

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:

Injured worker is a female with date of injury 6/4/1991. Per pain management periodic report dated 3/26/2014, the injured worker complains of pain in the right wrist that radiates to the right arm. The pain is aching, piercing, sharp, throbbing, stabbing, and numbness. The pain is aggravated by lifting, pushing, twisting, daily activities, changing positions, extension and flexion. The pain is relieved by pain medications and aqua therapy. On examination there is weak grip strength bilaterally. Diagnoses include 1) reflex sympathetic dystrophy, upper limb 2) myalgia and myositis, unspecified 3) pain, hand 4) chronic pain due to trauma 5) COAT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senekot 8.6 mg#120., 3 refills: Overturned

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 Opioids, Criteria for Use Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioid-Induced Constipation Treatment.

Decision rationale: The MTUS Guidelines recommends the prophylactic treatment of constipation when initiating opioid therapy. The ODG states that first line treatment for opioid

induced constipation includes laxatives to help stimulate gastric motility, as well as other medications to help loosen hard stools, add bulk, and increase water content of the stool. The injured worker is noted to be treated with opioid medications, and occasionally reports problems with constipation. Senekot is a stimulant laxative. The request for Senekot 8.6 mg #120, 3 refills is determined to be medically necessary.

Provigil 200 mg #3, 3 refills: 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 chapter, Modafinil (Provigil) section.

Decision rationale: The MTUS Guidelines do not address the use of Provigil. The ODG does not recommend the use of Provigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. The medical reports provided for review do not establish medical necessity for the use of Provigil within these guidelines. The request for Provigil 200 mg #3, 3 refills is determined to not be medically necessary.

Oxcarbazepine 150 mg #360, 3 refills: Overturned

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 Antiepilepsy Drugs (AEDs) Page(s): 16-21.

Decision rationale: The MTUS Guidelines support the use of oxcarbazepine for the treatment of neuropathic pain, specifically trigeminal neuralgia and diabetic neuropathy. The injured worker does appear to have neuropathic pain based on the clinical reports. The request for Oxcarbazepine 150 mg #360, 3 refills is determined to be medically necessary.