

Case Number:	CM15-0101933		
Date Assigned:	06/02/2015	Date of Injury:	12/23/1996
Decision Date:	06/30/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/22/2015

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: Arizona, 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 44 year old male who sustained a work related injury December 23, 1996. While loading and unloading boxes of meat weighing 50-70 pounds, he bent over twisted his back and developed low back pain. Past history included a ruptured disc L5-S1, lumbar laminectomy February, 1997, laminectomy/discectomy February, 1998, and lumbar fusion L5-S1 with pedicle screws May, 2002. According to a primary treating physician's progress report, dated April 15, 2015, the injured worker presented for pharmacological management with complaints of back pain. The pain is located in the lumbosacral area and left lower extremity to the lateral calf, big toe left side, and left sacroiliac and described as slight to moderate. There are muscle spasms in the lumbosacral spine which are being addressed adequately with deep muscle stimulation as applied (TENS unit). According to the physician, he maintains full functional capacity to the point of self-employment, working many hours. Diagnoses are documented as post-laminectomy syndrome, lumbar; lumbosacral radiculitis. At issue, is the request for authorization for Oxycodone IR, Oxycontin, Provigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR (immediate release) 5 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release (OxyIR capsule; Roxicodone tablets; generic available), Oxycodone controlled release (OxyContin); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for several months in combination with Oxycontin. The combined dose of opioids exceeds 120 mg of Morphine equivalent recommended by the guidelines. Increasing ADLS consistently increased the claimant's symptoms. The continued use of Oxycodone IR is not medically necessary.

Oxycontin 40 mg Qty 200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release (OxyIR capsule; Roxicodone tablets; generic available), Oxycodone controlled release (OxyContin); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. There is no mention of failure of Tricyclic use or weaning trial. In this case, the claimant had been on Oxycontin for several months in combination with Oxycodone. The combined dose of opioids exceeds 120 mg of Morphine equivalent recommended by the guidelines. Increasing ADLS consistently increased the claimant's symptoms. The continued use of Oxycontin is not medically necessary.

Provigil 200 mg Qty 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: Pain (chronic) - Provigil (modafinil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG pain guidelines and Provigil pg 116.

Decision rationale: According to the guidelines, Provigil is the brand name for modafinil, manufactured by Cephalon, and is approved by the FDA for the treatment of narcolepsy. Prescribers using Provigil for sedation effects of opiate should consider reducing the dose of opiates before adding stimulants. In this case, the claimant had been on opioids for several months without mention of dose reduction. In addition, there was no mention of Narcolepsy as a diagnosis. The continued and chronic use of Provigil is not medically necessary.