

Case Number:	CM15-0120403		
Date Assigned:	06/30/2015	Date of Injury:	12/20/2008
Decision Date:	09/04/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/22/2015

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: New York
 Certification(s)/Specialty: Emergency Medicine

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 12/20/2008. According to a progress report dated 05/19/2015, the injured worker presented for chronic opioid management. She was receiving opioids for neck pain. Current non-opioid treatment included Valium, Provigil and Zofran and Baclofen. Current opioid treatment included OxyContin and Morphine Sulfate IR 15mg every 4 hours. The injured worker reported that the current regimen had been adequate. There were no adverse effects reported. An opioid contract existed, according to the provider. Most recent drug test was performed on 04/09/2015. Results were not mentioned. The injured worker was no longer having palpitations after decreasing Methadone. OxyContin was helping. She was scheduled to see a cardiologist on 05/26/2015. She was tired but Provigil was helping. Methadone was being discontinued and the injured worker was to return to work on 05/25/2015 to give her 1 week to try the new medication regimen. Diagnoses included cervicalgia, arthropathy of cervical facet joint, degenerative disc disease cervical and brachial neuritis unspecified. The treatment plan included OxyContin, Provigil, Zofran and Oxycodone. Currently under review is the request for 30 tablets of Provigil 200mg and 120 tablets of Zofran 8mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tablets of Valium 10mg: 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.

Decision rationale: Valium is a benzodiazepine. The CA MTUS chronic pain guidelines do recommend its use for long term therapy. Guidelines limit the use of valium to 4 weeks. Documentation supports the IW has been on this medication for a period much greater than 4 weeks. Reviewed documentation does not include the IW pattern of use or effects of this medication. In addition, the request does not include dosing or frequency. With support of the guidelines, the request for valium is not medically necessary.

30 tablets of Provigil 200mg: 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).

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/Armodafinil (Nuvigil) and Other Medical Treatment Guidelines Medscape.

Decision rationale: CA MTUS Guidelines do not address Provigil. Official Disability Guidelines state that Armodafinil (Nuvigil) is not 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. Modafinil (Provigil) 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 dependence on this drug. Medscape states that Provigil is a stimulant which is used to treat excessive sleepiness caused by obstructive sleep apnea, narcolepsy, or shift work sleep disorder. In this case there is no documentation that the injured worker has excessive sleepiness caused by obstructive sleep apnea, narcolepsy or shift work sleep disorder. Indication for use is unclear. Medical necessity for the requested medication has not been established. The requested medicine is not medically necessary.

120 tablets of Zofran 8mg: 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/Anti-emetics.

Decision rationale: Official Disability Guidelines state that Ondansetron (Zofran) is used to prevent nausea and vomiting that may be caused by anesthesia/surgery, or chemotherapy or radiation therapy. It is also approved for use acutely with gastroenteritis. Ondansetron is not used and is ineffective for nausea associated with narcotic analgesics. In this case, it is unclear why Ondansetron (Zofran) was prescribed. There was no mention of reported symptoms that included nausea or vomiting. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.