

Case Number:	CM15-0172823		
Date Assigned:	09/14/2015	Date of Injury:	11/09/2005
Decision Date:	10/14/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/02/2015

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: California
 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 48 year old female, who sustained an industrial injury on 11-9-2005. She reported a slip and fall with injury to the low back. Diagnoses include adjacent segment lumbar disc degeneration, recess stenosis, radiculopathy, bursitis, status post lumbar fusion in 2006 and laminotomy-facetectomy in 2012. Treatments to date include activity modification, physical therapy, home TENS unit, epidural steroid injections, and failure of a spinal cord stimulator. Currently, she complained of no change in the low back pain, buttocks and down the left leg. Pain was rated a 9 out of 10 VAS without medications and a 5 out of 10 VAS with medications. Current medications included Gabapentin, Prozac, Provigil, Oxycodone, OxyContin and Medrol Dosepak as directed. The provider documented increased function with medication use. On 7-28-15, the physical examination documented positive left side straight leg raise test, decreased sensation and an antalgic gait with left sided limp. The plan of care included ongoing medication management. The appeal requested authorization for Provigil 200mg #30 with three refills; Oxycodone 20mg #100; and OxyContin 30mg #90. The Utilization Review dated 8-7-15, denied the Provigil stating that the documentation lacked subjective and objective support for medical necessity, and Modified the Oxycodone to allow #80 tablets and allowed #70 tablets of the OxyContin to allow for weaning per California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg #30, 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Modafinil.

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), Provigil (modafinil).

Decision rationale: The requested Provigil 200mg #30, 3 refills is not medically necessary. CA MTUS is silent on this subject. Official Disability Guidelines, Pain (Chronic), Provigil (modafinil) note "Provigil is the brand name for modafinil, manufactured by [REDACTED], 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". The injured worker has no change in the low back pain, buttocks and down the left leg. Pain was rated a 9 out of 10 VAS without medications and a 5 out of 10 VAS with medications. Current medications included Gabapentin, Prozac, Provigil, Oxycodone, OxyContin and Medrol Dosepak as directed. The treating physician has not documented trials of sleep-inducing medication reductions nor evidence of the presence of narcolepsy. The request for provigil 200mg #30, 3 refills is not medically necessary.

Oxycodone 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: The requested Oxycodone 20 mg, # 100 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents". The injured worker has no change in the low back pain, buttocks and down the left leg. Pain was rated a 9 out of 10 VAS without medications and a 5 out of 10 VAS with medications. Current medications included Gabapentin, Prozac, Provigil, Oxycodone, OxyContin and Medrol Dosepak as directed. It is guideline-supported to limit the continuance of this opiate to a one month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria not having been met, the requested Oxycodone 20mg #100 is not medically necessary.

Oxycodone 20mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dosing.

Decision rationale: The requested Oxycodone 20 mg, # 80 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures; and Opioid Dosing, Page 86, note "In general, the total daily dose of opioid should not exceed 120 mg oral morphine equivalents". The injured worker has no change in the low back pain, buttocks and down the left leg. Pain was rated a 9 out of 10 VAS without medications and a 5 out of 10 VAS with medications. Current medications included Gabapentin, Prozac, Provigil, Oxycodone, OxyContin and Medrol Dosepak as directed. It is guideline-supported to limit the continuance of this opiate to a one month period pending: documentation of objective evidence of continued derived functional improvement; a current urine drug screen result; treating physician commentary on to attempts to wean the total opiate load towards the recommend daily maximum opiate dosage. The criteria not having been met, the requested Oxycodone 20mg #80 is not medically necessary.