

Case Number:	CM15-0043593		
Date Assigned:	03/13/2015	Date of Injury:	06/11/1997
Decision Date:	05/26/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 65-year-old male injured worker suffered an industrial injury on 6/11/1997. The diagnoses were cervical disc herniation, lumbar disc herniation, and facet syndrome. The diagnostic studies were cervical x-rays, left shoulder magnetic resonance imaging, and electromyography. The treatments were cervical fusion, lumbar laminectomy, cervical facet neurotomy and medications. The treating provider reported left shoulder tenderness and reduced range of motion. The cervical exam revealed spasms and restricted range of motion. The lumbosacral spine was tender with pain upon palpation with triggering and spasms. The requested treatments were: 1. Oxycontin 60 mg 2 tablets three times a day #180. 2. Norco 10/325 mg every three hours #240. 3. Nuvigil 250 once a day #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg 2 tablets three times a day #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 65 year old male has complained of neck pain and low back pain since date of injury 6/11/97. He has been treated with physical therapy, surgery and medications to include opioids since at least 07/2014. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.

Norco 10/325 mg every three hours #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 65 year old male has complained of neck pain and low back pain since date of injury 6/11/97. He has been treated with physical therapy, surgery and medications to include opioids since at least 07/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Nuvigil 250 once a day #150: 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: This 65 year old male has complained of neck pain and low back pain since date of injury 6/11/97. He has been treated with physical therapy, surgery and medications. The current request is for Nuvigil. Nuvigil is a medication used to treat excessive sleepiness caused by narcolepsy and other sleep disorder conditions. There is inadequate documentation in the

available medical records of symptoms and signs of excessive sleepiness and inadequate provider rationale for the use of this medication. On the basis of the available medical records and per the guidelines cited above, Nuvigil is not indicated as medically necessary.