

Case Number:	CM15-0049418		
Date Assigned:	03/23/2015	Date of Injury:	11/15/1996
Decision Date:	05/15/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/16/2015

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: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 11/15/1996. The mechanism of injury was metal shelving collapsing onto the back of his hip. His diagnoses included cervical degenerative disc disease with chronic intractable neck pain, chronic migraine headaches, mild traumatic brain injury, and chronic low back pain secondary to lumbosacral degenerative disc disease. His past treatments have included pain medication. His diagnostic studies were not included. His surgical history was not included. The injured worker had complaints of neck pain. His physical exam findings included range of motion to his cervical spine is limited with flexion, extension, and side bending. Motor strength to the upper extremity is 5/5, proximal and distal. His medications included Marinol 10 mg, Exalgo 12 mg, and Provigil 200 mg. His treatment plan included obtaining a urine drug screen. The rationale for the request and Request for Authorization form were not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modanfinil 200mg, quantity 30 with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Modafinil.

Decision rationale: The Official Disability Guidelines state Modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: 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. Modafinil may be appropriate to treat sequelae of traumatic brain injury, however, the documentation does not address this. As there is a lack of documentation regarding the effectiveness of Modafinil and the Official Disability Guidelines state that it is not recommended solely to counteract sedation effects of narcotics, the request for "Modafinil" 200 mg quantity 30 with 1 refill is not medically necessary.

Marinol 10mg quantity 120 with one refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cannabinoids.

Decision rationale: The Official Disability Guidelines state cannabinoids are not recommended for pain. As of August 2014, 23 states and DC have enacted laws to legalize medical marijuana (Markoff, 2014), but there are no quality studies supporting cannabinoid use, and there are serious risks. Restricted legal access to Schedule I drugs, such as marijuana, tends to hamper research in this area. It is also very hard to do controlled studies with a drug that is psychoactive because it is hard to blind these effects. At this time, it is difficult to justify advising patients to smoke street-grade marijuana, presuming that they will experience benefit, when they may also be harmed. There is a lack of documentation regarding the effectiveness of Marinol. Marinol may be appropriate for anorexia if this is a side effect of the traumatic brain injury, however, the documentation does not support this. The Official Disability Guidelines state that cannabinoids are not recommended for pain. Therefore, the request for Marinol 10 mg quantity 120 with 1 refill is not medically necessary.

Exalgo Extended Release 12mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The California MTUS guidelines state there are four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There is a lack of documentation regarding a proper pain assessment, side effects for this medication, and objective functional improvement while using this medication. Therefore, the request for Exalgo extended release 12 mg quantity 60 is not medically necessary.

Cervical Spine MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178; 167. Decision based on Non-MTUS Citation Official Disability Guidelines; Food and Drug Administration package insert.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The ACOEM Guidelines state the criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, compute tomography [CT] for bony structures). There is a lack of documentation of an emergence of red flags, evidence of recent tissue insult of neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery. Therefore, the request for MRI of the cervical spine is not medically necessary.