

Case Number:	CM15-0062456		
Date Assigned:	04/08/2015	Date of Injury:	09/04/2000
Decision Date:	06/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 55 year old female, who sustained an industrial injury on 9/4/2000. The mechanism of injury was not provided. Diagnoses have included chronic pain syndrome, degeneration of lumbar/lumbosacral intervertebral disc, pain in thoracic spine and lumbago. Treatment to date has included medication. The injured worker underwent urine drug screening. The documentation of 02/11/2015 revealed the injured worker had no interval changes in history or review of systems. The physical examination revealed the injured worker was oriented to person, place, time and general circumstances. The treatment plan included a continuation of pain medications including Kadian 80 mg twice a day, Gabitril, Zanaflex, Provigil and Opana. The injured worker complained of severe pain and had reduced function. The injured worker indicated she was not sleeping at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 80mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The injured worker's cumulative dosing of all opioids would be 280 mg of daily morphine equivalent dosing which exceeds guideline recommendations of a maximum of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Kadian 80 mg #60 is not medically necessary.

Opana 10mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The injured worker's cumulative dosing of all opioids would be 280 mg of daily morphine equivalent dosing which exceeds guideline recommendations of a maximum of 120 mg. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Opana 10 mg #120 is not medically necessary.

Provigil 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus; A service of the U.S National Library of Medicine From the National Institutes of Health.

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, Provigil (modafinil).

Decision rationale: The Official Disability Guidelines indicate that Provigil is recommended for the treatment of narcolepsy and prescribers using Provigil for sedation effects of opiates should consider reducing the dose of opiates before adding stimulants. The rationale for the use of the medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Provigil 200 mg is not medically necessary.

Gabitril 4mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus; A service of the U.S. National Library of Medicine from the National Institutes of Health.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% pain relief and documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Gabitril 4 mg #60 is not medically necessary.