MAXIMUS Federal Services

Case Number:	CM15-0063022		
Date Assigned:	04/08/2015	Date of Injury:	12/20/2008
Decision Date:	05/11/2015	UR Denial Date:	03/16/2015
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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41 year old female injured worker suffered an industrial injury. The diagnoses included cervicalgia, cervical facet joint arthropathy, cervical degenerative disc disease and brachial neuritis. The diagnostics included right shoulder and cervical magnetic resonance imaging. The injured worker had been treated with medications. On 3/5/2015the treating provider reported neck pain and impaired range of motion that radiated to the right shoulder and arm. There was tenderness noted to the cervical spine muscles that radiated with numbness and tingling rated as 5/10. The treatment plan included Methadone HCL, Oxycodone HCL, and Provigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5 mg, 180 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, or increased level of function. The patient has been on Methadone since at least 2014 and has no documented functional improvement. Prior reviewers have recommended weaning from the medication. As such, the request for Methadone HCL 5 mg, 180 count is not medically necessary.

Oxycodone HCL 30 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient is also on Methadone, another opioid. The prior reviewer recommended weaning from opioids. As such, the request for Oxycodone HCL 30 mg, 120 count is not medically necessary.

Provigil 200 mg, thirty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com, Treatment of narcolepsy, Modafinil.

Decision rationale: Provigil is the brand name version of modafinil. MTUS and ACOEM are silent with regards to modafinil. Other guidelines were used. UpToDate classifies Provigil as a central nervous system stimulant with FDA labeling usage to improve wakefulness in patients with excessive daytime sleepiness associated with narcolepsy and shift work sleep disorder (SWSD). Modafinil is also labeled for the adjunctive therapy for obstructive sleep apnea/hypopnea syndrome (OSAHS), and. There is also an off-label usage of modafinil for Attention Deficit Hyperactive Disorder (ADHD) and treatment of fatigue in multiple-sclerosis and other disorders. The medical records do not indicate or substantiate the treatment for narcolepsy, SWSD, OSAHS, ADHD, or multiple-sclerosis. The medical notes have also not indicated any conservative treatments were performed to address proper sleep hygiene and sleep-wake cycle. As such, the request for Provigil, 200mg, thirty count is not medically necessary.