

Case Number:	CM15-0074132		
Date Assigned:	04/24/2015	Date of Injury:	02/14/2008
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/17/2015

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: Physical Medicine & Rehabilitation, Neuromuscular 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 61 year old male, who sustained an industrial injury on 2/14/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic pain syndrome, neuropathy, radiculopathy, and a history of narcotic dependency, status post inpatient detox 1/2014. Treatment to date has included lumbar fusion, cervical fusion, spinal cord stimulator, physical therapy, psychiatric, and medications and medications. A 1/7/15 urine drug screen is negative for prescribed Gabapentin, Tapentadol, Tramadol. On 2/16/2015, the injured worker complained of unchanged pain in bilateral feet, right knee pain, and overall decreased pain in both feet. Pain was rated average 4/10 and 9/10 at worst. Medication use was not described. Modification to spinal cord stimulator was noted. A request was noted for Oxycodone and Nuvigil. A previous PR2 report dated 2/04/2015, noted that he was off all narcotic and using Suboxone for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg quantity 75: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Oxycodone 30mg quantity 75 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation indicates that the patient was off all narcotics and using Suboxone for pain. It is unclear why oxycodone is being prescribed. There is no report of efficacy of opioids or evidence of functional improvement on opioids. The MTUS recommends monitoring for adverse behavior on opioids. There is an inconsistent urine drug screen on 1/7/15. The request for oxycodone is not medically necessary due to lack of functional improvement and lack of following prescribing recommendations per the MTUS.

Nuvigil 150mg quantity 30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Armodafinil (Nuvigil).

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

Decision rationale: Nuvigil 150mg quantity 30 with two refills is not medically necessary per the ODG. The MTUS Guidelines do not address Provigil. The ODG states that this medication is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The documentation does not reveal that narcotics are medically necessary. There is no documentation of narcolepsy or shift work sleep disorder. The request for Nuvigil is not medically necessary.