

Case Number:	CM14-0156197		
Date Assigned:	09/25/2014	Date of Injury:	02/16/1996
Decision Date:	11/06/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] insured who has filed a claim for chronic hip pain, depression, and anxiety reportedly associated with an industrial injury of February 16, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated September 17, 2014, the claims administrator approved a request for Prilosec, approved a request for Ultracet, partially approved a request for OxyContin, denied a request for Lodine, denied a request for Provigil, and denied a request for MS Contin. The applicant's attorney subsequently appealed. In a handwritten progress note seemingly dated April 1, 2014, difficult to follow, not entirely legible, it was suggested that the applicant had been deemed "disabled" owing to ongoing issues with depression and bilateral hip pain. The applicant was still awaiting hip surgery. The applicant was given refills of Ultracet, Prilosec, OxyContin, MS Contin, and Lodine. There was no explicit discussion of medication efficacy. On May 16, 2014, the applicant was described as off of work. The applicant was reportedly receiving Social Security Disability Insurance (SSDI), it was acknowledged. The applicant was using a scooter to move about. The applicant was significantly depressed. The attending provider stated that the applicant's usage of Provigil was reportedly helping for depression, also suggested that the applicant was stable on the applicant's medications, although functionality was not discussed. It was stated that the applicant had last worked in 1998 and was receiving both disability and indemnity benefits. In a September 4, 1998 progress note, it was stated that the applicant was still having issues with hip pain resulting in gait derangement requiring usage of a cane. The applicant last worked in 1998, it was again noted. Prilosec, Ultracet, OxyContin, MS Contin, Lodine, and Provigil were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, Opioids, Ongoing Management Page(s): 80, 78.

Decision rationale: As noted of page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, however, the attending provider has not furnished any compelling rationale for provision of two separate long-acting opioids, namely OxyContin and MS Contin. It is further noted that the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant has failed to return to work. The applicant has been deemed disabled and receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance benefits, it has been stated on several occasions. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing OxyContin usage. Therefore, the request is not medically necessary.

Lodine 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22, 7. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: MTUS 9792.20f

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines do acknowledge that anti-inflammatory medications such as Lodine do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by a commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no explicit discussion of medication efficacy on any of the progress notes referenced above. The applicant is off of work. The applicant remains highly dependent on opioid agents such as OxyContin, Ultracet, and MS Contin. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Provogil 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Sleep Apnea

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22, 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Provigil Medication Guide Other Medical Treatment Guidelines or Medical Evidence: MTUS 9792.20f

Decision rationale: While the MTUS does not specifically address the topic of Provigil, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for a non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Provigil is indicated to improve wakefulness in applicants with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and/or shift work disorder. In this case, however, it appears that the applicant is using the drug for a non-FDA labeled purpose, namely depression. The attending provider, however, failed to furnish any compelling applicant-specific rationale or medical evidence which would support provision of Provigil for a non-FDA labeled purpose. Therefore, the request is not medically necessary.