

Case Number:	CM13-0017722		
Date Assigned:	12/11/2013	Date of Injury:	08/26/2004
Decision Date:	01/16/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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 patient is a 41 years old female who states that she sustained injuries at work in 2001 and in August 2004. She was working for [REDACTED] when both injuries occurred. She started her job 9 years ago. She was lifting a very heavy case of wine in 2001 and experienced an injury to her low back She states that the case weighed somewhere between 40 and 45 pounds. She received treatment, including medication. She also received chiropractic treatments briefly. She states that she was not off work but did work on modified duty for one week. She underwent surgery on her low back in March 2001. Which helped her at the time. The surgery was performed by [REDACTED]. She eventually returned to work to her regular job because she was apprehensive about a pay cut. She continued to work at her regular Job and went back to work six months postoperatively. In August 2004, she was driving a lift similar to a forklift and went over a ramp and this jarred her low back. She developed pain in her low back. She was already having continual pain, numbness, and weakness in the left lower extremity prior to returning to work after her surgery, and in 2004 she feels things got worst. She states that in 2004, her low back primarily became worse. She has been off work since her injury of August 2004. Her treatment has included physical therapy and medication. She has had no injections. She is having a great deal of pain in the low back and left leg. The low back pain is constant. The left lower extremity pain comes and goes. She has numbness in the left lower extremity. She states that she cannot run. It was also indicated that the patient reported a history of anxiety. At issue is whether the request for Nuvigil 150mg #30 and Avinza 30mg #60 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Avinza 30mg #60: Overturned

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 Morphine Sulfate Page(s): 93.

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS (Effective July 18 2009) page 93 stated about Avinza-a Morphine sulfate, Controlled, extended and sustained release preparations should be reserved for patients with chronic pain, who are in need of continuous treatment. Avinza® - morphine sulfate extended release for once daily dosing. The 60mg, 90mg and 120mg capsules are for opioid tolerant patients only. Kadian® - (extended release capsules) May be dosed once or twice daily. According to medical records reviewed, this patient has been on this medication since 5/15/2012 and had discontinued taking the medication as per medical record dated 5/20/2013 due to drowsiness while driving. Guideline recommend the use of this medication for patients suffering from chronic pain that need continuous analgesics. As the patient reports drowsiness with its use and does not desire to continue Avinza, continued use does not seem appropriate. The guideline recommended a slow taper/wean to prevent withdrawal. According to treating physician [REDACTED], the patient has been on this medication and it seems to work for her, but has been switched to other types of pain medication because of lack of authorization by the insurance carrier, and those medications did not work. Therefore the request for Avinza 90mg # 30 was medically necessary

Nuvigil 150mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus, online resources of National Library of Medicine and National Institute of Health.

Decision rationale: The Physician Reviewer's decision rationale: According to Medline Plus search on Nuvigil (Armodafinil) indicated that this medication is used to treat excessive sleepiness caused by narcolepsy (a condition that causes excessive daytime sleepiness) or shift work sleep disorder (sleepiness during scheduled waking hours and difficulty falling asleep or staying asleep during scheduled sleeping hours in people who work at night or on rotating shifts). Armodafinil is also used along with breathing devices or other treatments to prevent excessive sleepiness caused by obstructive sleep apnea/hypopnea syndrome (OSAHS; a sleep disorder in which the patient briefly stops breathing or breathes shallowly many times during sleep and therefore does not get enough restful sleep). Armodafinil is in a class of medications called wakefulness-promoting agents. It works by changing the amounts of certain natural substances in the area of the brain that controls sleep and wakefulness. Armodafinil may be habit forming. Do not take a larger dose, take it more often, or take it for a longer period of time than prescribed by

your doctor. Armodafinil may decrease your sleepiness, but it will not cure your sleep disorder. Continue to take armodafinil even if you feel well-rested. Do not stop taking armodafinil without talking to your doctor. Armodafinil should not be used in place of getting enough sleep. Follow your doctor's advice about good sleep habits. Continue to use any breathing devices or other treatments that your doctor has prescribed to treat your condition, especially if you have OSAHS. The medical records from [REDACTED] dated 9/25/2013 reviewed stated under Constitutional: The patient denied chills, difficulty sleeping, fatigue, fever, malaise, night sweats, weakness, weight gain/obesity, weight loss and insomnia. Therefore the request for Nuvigil 150mg #30, is not medically necessary.