

<b>Case Number:</b>	CM13-0035247		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	09/29/2006
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	10/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### 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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 60 year old female with a date of injury on 9/26/2009. Patient has ongoing symptoms related to her lower back. Subjective complaints are of persistent low back pain with radiation and weakness in her left leg. Medications are noted as helpful with 50% improvement in function. Medication include Norco, of which she takes 1-5 daily as needed, Nuvigil as needed for lethargy, and Miralax for constipation due to opioid use. Physical exam shows low back tenderness and decreased range of motion, decreased sensation to left calf and foot, and left leg 4/5 weakness. Patient also is performing a home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 QTY: 140.00:** Overturned

**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 rationale:** The patient in question has been on chronic opioid therapy. California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of

daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**MIRALAX ONE BOTTLE:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) recommends that prophylactic treatment of constipation should be initiated with opioid therapy. Medical records note that patient uses this to treat her constipation on an as needed basis, which has been successful. Final Determination Letter for IMR Case Number [REDACTED] Miralax prescribing information states that Miralax can be used as a laxative for occasional constipation or irregular bowel movements. Since guidelines recommend use of medications for treatment of constipation with opioid use, the request for Miralax is medically necessary.

**NUVIGIL 250MG QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN, NUVIGIL

**Decision rationale:** The Official Disability guidelines (ODG) states that Nuvigil is not recommended solely for counteracting sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. This patient is prescribed this medication exclusively for sedation secondary to opioids. There is no evidence of narcolepsy or shift work sleep disorder. Therefore, the medical necessity of this medication is not established.