

<b>Case Number:</b>	CM14-0002533		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 52 year old female injured on 09/17/10 as a result of cumulative trauma from repetitive motion. The patient was treated for chronic bilateral neck pain, right shoulder pain, and right wrist pain status post ACDF at C5-6 on 01/31/12. The patient also underwent right shoulder arthroscopic acromioplasty with revision of rotator cuff surgery. The injured receives routine medical evaluation and medication management for complaints of chronic pain. Medications included Nuvigil 250mg daily, Duragesic Patch 50mcg, Oxycodone 10/325mg every 4 hours, Zanaflex 2mg two tabs twice daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUVIGIL 250MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/nuvigil.html>, Obstructive Sleep Apnea, Narcolepsy, And Shift Work Disorder.

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

**Decision rationale:** As noted in the Pain chapter of Official Disability Guidelines, Nuvigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil was indicated to improve wakefulness in adults with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the international classification of sleep disorders or Diagnostic and Statistical Manual (DSM) diagnostic classification prior to prescribing of this medication. Clinical note dated 02/27/14 indicated Nuvigil was prescribed to treat sleep apnea worsened by C5-6 disc fusion. However, the sleep study on 06/18/13 revealed no evidence of obstructive sleep apnea or periodic limb movements disorder. Additionally, it was noted the sleep efficiency, cardiac rhythm, and electroencephalogram (EEG) did not reveal any unexpected abnormalities. Moreover, there was no clinical documenting excessive sleepiness or other abnormalities associated with sleep apnea or sleep disorder. As such, the request for Nuvigil 250mg #30 could not be recommended as medically necessary.

**Duragesic patch 50mcg, #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** In regards to the use of Duragesic 50mcg quantity 10, this reviewer would not have recommended this medication as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The claimant was noted to have been using narcotic medications well above the maximum amount of narcotic to be taken a day set at 120mg MED per day. As of February of 2014, the claimant's MED was above 200mg per day. There is no discussion regarding weaning down the claimant's narcotic medications. There is no indication of any specific functional improvement obtained with the use of duragesics as recommended by guidelines. As such, this reviewer would not have recommend this request as medically necessary.

**Oxycodone 10/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** As noted in the Pain chapter of Official Disability Guidelines, Nuvigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil was indicated to improve wakefulness in adults with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance

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