

Case Number:	CM14-0100094		
Date Assigned:	07/28/2014	Date of Injury:	11/01/2007
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 57-year-old female who has submitted a claim for right cubital tunnel syndrome, right anterior elbow pain; status post right carpal tunnel release and ulnar nerve release; chronic myofascial pain syndrome; left shoulder impingement syndrome; right shoulder impingement; status post left ulnar nerve release, carpal tunnel release, deQuervain's release, and left radial tunnel release; progressive neck pain; chronic migraine headaches; myofascial tension and pain; moderate pain-induced anxiety and depression; and aberrant opiate analgesic behavior associated with an industrial injury date of November 1, 2007. Medical records from 2013-2014 were reviewed. The patient complained of right shoulder pain. There was pain when she attempts to lift her right arm overhead. The pain was constant and aching. It localizes to the lateral arm and anterior shoulder region as well as the posterior shoulder region. Physical examination showed tenderness of the anterolateral acromion and the acromioclavicular joint. There was limited range of motion of the right shoulder due to pain. Drop arm, O'Brien, Hawkins', and Neer sign were positive. Motor strength of the trapezius and biceps were 3/5 and the triceps and wrist flexors were 4/5 bilaterally. There was decreased sensation o C5-C8 distribution bilaterally. MRI of the right shoulder, dated November 5, 2013, revealed partial thickness articular sided insertional tear of the infraspinatus with overlying bursitis, and chronic degenerative wearing of the posterior superior labrum but no tear of the biceps labral complex. Treatment to date has included medications, physical therapy, psychotherapy, home exercise program, activity modification, right carpal tunnel release, left radial tunnel and lateral epicondylar release, left ulnar anterior subcutaneous transposition with Nirschl procedure medially, cervical epidural steroid injections, Botox injections, trigger point injections, and cervical medial branch block. Utilization review, dated June 17, 2014, modified the request for Zohydro 10mg qty: 60.00 to Zohydro 10mg qty: 45.00 to initiate a weaning process and because the guidelines do not recommend a patient's

Morphine Equivalent Dose (MED) exceed 50 per day. The request for Nuvigil 50mg qty: 30.00 was denied because there was insufficient documentation of symptomatic or functional improvement from its previous use or evidence of medical necessity for continued use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro 10 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids for pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Zohydro since May 2014. Recent progress report dated June 17, 2014 states that the medication was not effective when compared with Norco 10/325mg and she would like to return back to Norco. The medical necessity has not been established. Therefore, the request for Zohydro 10 mg # 60 is not medically necessary.

Nuvigil 50 mg # 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-Treatment in Workers Compensation; Integrated Treatment/Disability Duration Guidelines Pain (Chronic) updated 3/21/2013.

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: CA MTUS does not specifically address armodafinil (Nuvigil). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. ODG states that armodafinil 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. In this case, the patient was prescribed Nuvigil since August 2013 and was used every morning to quiet daytime sedation. Progress report dated June 17, 2014 stated that it has palliated symptoms by over 50%. However, there was no mention of any complaints of excessive sleepiness. Furthermore, ODG is silent with regard to the use of armodafinil for pain-caused

insomnia. There is no clear indication for continued use of Nuvigil. Therefore, the request for Nuvigil 50 mg # 30 is not medically necessary.