

<b>Case Number:</b>	CM14-0158610		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	08/13/2004
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 8/13/04. A utilization review determination dated 9/16/14 recommends non-certification of Nuvigil. Flexeril was modified from #90 to #15. It references a 9/5/14 medical report identifying pain in the head, scalp, neck, shoulders, and arms, with radiation of pain into the arms and hands. She has had RF procedures done in the past with benefit and would like them repeated. The patient signed a pain agreement and the provider ordered a UDS. UDS from 8/11/14 was positive for opiates/morphine and tricyclic antidepressants. Recommendations included cervical medial branch block. Current medications are Flexeril, gabapentin, MS Contin, Norco, and Nuvigil. Pain was 7/10 with medications and 9/10 without.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Regarding the request for Flexeril, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**Nuvigil 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

**Decision rationale:** Regarding the request for Nuvigil, California MTUS and ACOEM do not contain criteria for the use of Nuvigil, ODG states the Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the currently requested Nuvigil is not medically necessary.