

Case Number:	CM14-0039344		
Date Assigned:	07/02/2014	Date of Injury:	02/25/2002
Decision Date:	07/31/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old male with date of injury of 02/25/2002. The listed diagnoses per [REDACTED] dated 03/11/2014 are: 1. Multilevel lumbago with bilateral radiculopathy. 2. Status post spinal cord stimulator implantation. 3. Sacroiliac joint and facet joint arthropathy. 4. Myofascial syndrome. 5. Reactive sleep disturbance and reactive depression and anxiety. 6. Left knee arthropathy, status post surgery with anterior cruciate ligament repair. 7. Right shoulder arthropathy. 8. Recent fall and right knee injury/trauma. According to this report, the patient currently rates his pain a 6/10 to 7/10. He reports experiencing issues with both his knees. The patient does continue to have significant low back pain which is aggravated due to his knee issues. The patient's current lists of medications include Flector patch and Nuvigil among others. The physical exam shows the patient demonstrates sciatic notch tenderness bilaterally. He has focal tenderness over the facets, worse on the right side. He has a positive facet provocation bilaterally. There is tenderness to palpation over the sacroiliac joints. The patient has significant pain with flexion and extension movements of the trunk. There is general decreased range of motion of the lumbar spine upon flexion, extension, and lateral rotation. He continues to have paraspinous muscle spasms in the lumbar area with spasms in the posterior aspect of the legs. There is motor weakness in the left ankle in dorsiflexion. There is some sensory deficit to light touch, thermal, and vibratory sensation in the left lower extremity. The left knee remains very tender to palpation along the joint line and over the patella. He continues to have substantial edema. In regards to the right knee, it is difficult to ascertain its condition, though it appears to be very tender, and there is noticeable edema. The patient's gait

at this time remains abnormal due to the knee and back issues. The Utilization Review denied the request on 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3% #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Medications for chronic pain Page(s): 111, 60.

Decision rationale: This patient presents with back pain, left knee pain, right shoulder pain. The treating physician is requesting Flector patch 1.3% quantity #60. The MTUS Guidelines on topical analgesics page 111 to 113 states that topical NSAIDs are recommended for peripheral joint osteoarthritis/tendinitis-type problems. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, MTUS page 60 requires pain assessment and functional changes when medications for chronic pain are used. The review of records show that the patient has been using Flector patch since 2010. The treating physician documents medication efficacies stating, The patient's current medication regimen helps substantially with control of pain and does allow him to remain functional, both in and outside the home. In this case, the treating physician documents medication efficacy, and the requested Flector patch is reasonable given the patient's history of arthropathy. The request is medically necessary.

Nuvigil 250 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, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS Official Disability Guidelines (ODG), Armodafinil (Nuvigil).

Decision rationale: This patient presents with back pain, left knee pain, right shoulder pain. The treating physician is requesting Nuvigil 250 mg, quantity 30. The MTUS and ACOEM Guidelines do not address this request. However, ODG on armodafinil (Nuvigil) states that it 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. It is very similar to modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. ODG further states that reducing excessive narcotic prescriptions should be considered first and that there should be a heightened awareness for potential abuse and dependency on this drug. The review of records show that the patient has been using Nuvigil since 2012 for daytime somnolence. The treating physician does not discuss the reasons for the patient's daytime somnolence other than from apparent insomnia. The listed indications for Nuvigil per ODG are narcolepsy and shift-work sleep disorder. It is not recommended for somnolence due to medication use. The request is not medically necessary.