MAXIMUS Federal Services

| Case Number: | CM14-0067097 | | |
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| Date Assigned: | 07/11/2014 | Date of Injury: | 02/27/2007 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 04/07/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

## 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 Occupational Medicine 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 claimant was injured on 02/27/07. Nuvigil, Pennsaid solution, and lidocaine liquid are under review. The claimant reportedly injured her neck, shoulder, and wrists and had cervicobrachial syndrome and carpal tunnel syndrome diagnosed. An magnetic resonance imaging (MRI) of the cervical spine dated 02/04/14 revealed suspected positional mild reversal of the mid cervical lordosis with otherwise normal findings. She has a signed opioid contract from 02/20/13 and was using Pennsaid solution, lidocaine liquid, BuSpar, Tylenol, Lyrica, Nuvigil, Wellbutrin, and other medications. Her pain fluctuates but with deep tissue massage the pain is decreased. She had neuropathic pain radiating to the upper extremity that responded to Lyrica. Nuvigil had improved her concentration and reduced her depression from her chronic pain. The nerve pain in her arms had been reduced with Lyrica. She used lidocaine gel to the neck which reduced her posterior occipital headaches and the nerve pain radiating from the second cranial nerve with 50% reduction in pain. Pennsaid solution was prescribed for hand and finger pain. She had myofascial tension and muscle spasm. There were trigger points in the trapezius and levator scapula. Range of motion was restricted. Sensation was intact. Multiple medications were under review and some were certified and some not. She saw [redacted] on 11/18/13 and had borderline median nerve neuropathies at the wrists. She also had overlapping radiating symptoms from the neck and surrounding muscle spasm. She had chronic intractable pain in the upper thoracic region and upper extremities and chronic intractable right shoulder pain with chronic migraine headaches. She was using the same medications in September 2013. She was given future medical.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**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 (ODG) Pain, Modafinil (Provigil).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG): Formulary, Nuvigil.

**Decision rationale:** The history and documentation do not objectively support the request for Nuvigil for improve concentration/treatment of cognitive issues due to chronic pain. The California Medical Treatment Utilization Schedule (MTUS) do not address its use but the Official Disability Guidelines (ODG) formulary states that Nuvigil is "not recommended." In this case, there is no documentation of specific objective benefit to the claimant, including functional improvement, as a result of the use of this medication. No cognitive deficits have been described which have responded to this type of treatment. The medical necessity of Nuvigil has not been clearly demonstrated.

**Pennsaid Solution 2% 2 pumps BID #30cc:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Pennsaid lotion 2% 2 pumps BID #30 cc. The California Medical Treatment Utilization Schedule (MTUS) p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other pain medications and there is no evidence of intolerance or lack of effect. The medical necessity of this request for Pennsaid 2% #30 cc has not been clearly demonstrated.

**Lidocaine Liquid 0.4% applied BID to neck #50cc:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

**Decision rationale:** The history and documentation do not objectively support the request for Lidocaine liquid 0.4% applied BID to the neck #50 cc. The California Medical Treatment Utilization Schedule (MTUS) p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of multiple other pain medications and there is no evidence of intolerance or lack of effect. The medical necessity of this request for Lidocaine liquid 0.4% #50 cc has not been clearly demonstrated.