

Case Number:	CM14-0191017		
Date Assigned:	11/24/2014	Date of Injury:	01/30/2007
Decision Date:	01/09/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 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 injured worker is a 41 year old male with an injury date on 1/30/07. Injured worker complains of constant pain in bilateral knees, ankles, and feet with constant burning sensation in legs per 10/1/14 report. The injured worker can hardly stand to bear weight due to pain, and uses a cane for ambulation per 10/1/14 report. The injured worker describes his overall pain as 8/10, with pain rated 4/10 with medications and 10/10 without them per 9/4/14 report. The injured worker is wearing bilateral knee braces and ankle supports per 9/4/14 report. Based on the 10/1/14 progress report provided by the treating physician, the diagnoses are: 1. bilateral knee pain with severe chondromalacia patella with tendinopathies in bilateral knees; Magnetic resonance imaging (MRI) revealing intra articular ganglion cysts in the right knee2. bilateral foot pain with chronic plantar fasciitis. Prior tarsal tunnel releases with ongoing symptoms that have worsened3. component of neuropathic pain in the lower extremities4. chronic insomnia related to neuropathic pain in the lower extremities with chronic fatigue improved with Nuvigil use in the morning5. anxiety and depression due to industrial onset, stable with psychotropic medications per above6. lower back pain with lumbar s/s injury with lumbar DJD and facet arthrosisA physical exam on 10/1/14 showed "bilateral knees have full active range of motion. Bilateral ankles have full range of motion but pain with inversion/dorsiflexion." The injured worker's treatment history includes medications, bracing, currently on total disability. The treating physician is requesting Norco 10/325mg #180, and Nuvigil 250mg #30. The utilization review determination being challenged is dated 10/17/14. The requesting physician provided treatment reports from 1/28/13 to 10/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 88, 89,76-78.

Decision rationale: This injured worker presents with bilateral knee/ankle/foot pain. The treating physician has asked for Norco 10/325mg #180 on 10/1/14. Injured worker has been taking Norco since 2/18/14. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Norco, stating "he finds the medicines helpful" per 10/1/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Urine toxicology has been asked for but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request is not medically necessary.

Nuvigil 250mg #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 (ODG), Pain (Chronic)

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

Decision rationale: This injured worker presents with bilateral knee/ankle/foot pain. The treating physician has asked for Nuvigil 250mg #30 on 10/1/14. The injured worker has been taking Nuvigil "for neuropathic leg pain which he finds helpful" since 2/18/14 report. Regarding Nuvigil, ODG states "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. In this case, the injured worker presents with chronic knee/ankle pain with depression and anxiety. The injured worker is on chronic opiates. However, there is no evidence the injured worker presents with excessive daytime sleepiness, sleep apnea, narcolepsy, or shift work disorder, neither does he show evidence of attention deficit hyperactivity disorder, chronic fatigue syndrome. This injured worker has been using Nuvigil

for neuropathic leg pain, which it is not indicated for. ODG guidelines also do not support use of this medication for the sole purpose of countering sedation side effects of narcotics. The request is not medically necessary.