

<b>Case Number:</b>	CM14-0203389		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	09/24/2001
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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, has a subspecialty in ENTER SUBSPECIALTY 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 65 year old female who sustained a work related injury on September 24, 2001. The mechanism of injury of injury was not provided. Current documentation dated November 19, 2014 notes that the injured worker had severe pain in the neck which radiated down the left arm to the middle and ring fingers. The pain was rated a nine out of ten on the Visual Analogue Scale. Pain management medications include Zanaflex, Ultram, Lidoderm Patch, Cymbalta, Lunesta, Celebrex and Hydrocodone. Physical examination revealed that the injured worker was very depressed. Cervical range of motion was decreased with multiple triggers which twitched and radiated to the left paracervical area. There was distinct pain elicited with radiation and twitching of the gluteal and iliacus muscles. Left shoulder examination revealed restricted abduction 35% of normal. She also had pain in the right lateral trochanter. Work status was temporarily totally disabled. Diagnoses include lumbosacral discopathics, chronic cervical strain with left arm symptoms, bilateral right leg pain compatible with radicular pain and reactive depression. The treating physical requested Lidoderm Patches 5% twelve hours on and twelve hours off # 30 and Nuvigil 250 mg use 1 in am # 30. Utilization Review evaluated and denied the request on November 21, 2014. Utilization Review denied the request for the Lidoderm Patch due to MTUS Guidelines regarding topical analgesics which states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. There is lack of clinical evidence in this case of neuropathic symptoms and that the injured worker failed a trial of anti-depressant medications and anticonvulsant therapy. In addition, there is lack of documentation of objective functional improvement with prior use of a Lidoderm Patch. Therefore, the request is non-certified. The request for Nivigil 250 mg was

denied due to Official Disability Guidelines which state that this medication is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. However, no such symptoms have been noted on examination. There is no clear documentation of the injured workers sleep history or efficacy with the prior use of Nuvigil. Therefore the request is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lidocaine patch 5% 12 hrs on 12 hrs off #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56, 57.

**Decision rationale:** The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidocaine patches 5% 12 hrs. on 12 hrs. off #30 is determined to not be medically necessary.

**Nuvigil 250mg use 1 in am #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 Procedure Summary

**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, Armodafinil (Nuvigil) section.

**Decision rationale:** Armodafinil (Nuvigil) is not addressed by the MTUS Guidelines. The ODG does not recommend the use of Armodafinil 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. Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Recently Cephalon produced a campaign advertising Nuvigil's ability to help shift workers stay alert on the job without impeding their ability to sleep during the day. The FDA is conducting an investigation into the possibility that this advertising or promotional information may have violated current regulations. The medical reports do not indicate that the injured worker is suffering from excessive sleepiness caused by narcolepsy or shift work sleep

disorder. Medical necessity of this request has not been established within the recommendations of the ODG. The request for Nuvigil 250mg use 1 in a.m. #30 is determined to not be medically necessary.