

<b>Case Number:</b>	CM15-0133646		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	08/14/1995
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 60 year old male who sustained an industrial injury on 8-14-95. Diagnoses are lumbago and displacement of the lumbar disc without myelopathy. In a letter dated 6-18-15, the physician notes a summary of the visit this date, 6-18-15, the following medications were prescribed; Methadone 10mg every 12 hours, Norco 10-325mg every 4 hours, and Nuvigil 250mg every morning. The injured worker reports needing these medications for analgesia purposes and activities of daily living. He denies any adverse effects or any abuse or side effects of these medications. He uses Methadone for around the clock pain, Norco for break through pain, and Gabapentin for neuropathic pain. He states he is doing okay this day and he limited his daily activities but can manage his daily care. His pain level is 5 out of 10. No symptoms of abusive behaviors are present. The requested treatment is Norco 10-325mg #150 and Nuvigil 250mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several years. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. In addition it was combined with Methadone without indication of need for managing addiction. The continued use of Norco 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, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nuvigil and pain chapter - pg 22.

**Decision rationale:** According to the guidelines, Nuvigil 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. In this case, there was no documentation noted of the above for recent use and the claimant has been on Nuvigil for years. Continued and chronic use of Nuvigil is not medically necessary.