

Case Number:	CM15-0142538		
Date Assigned:	08/03/2015	Date of Injury:	11/17/2003
Decision Date:	09/08/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, 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 54 year old female, who sustained an industrial injury on 11-17-2003. She has reported injury to the head, neck, left breast, bilateral wrists, bilateral knees, and bilateral legs. The diagnoses have included bilateral upper extremity tenosynovitis; status post bilateral carpal tunnel release; left knee patellofemoral arthralgia, post contusion, and degenerative joint disease; and status post right total knee replacement. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Percocet, MS Contin, Nuvigil, Lidoderm Patch, and Calmoseptine ointment. A progress report from the treating physician, dated 06-19-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued left knee pain and weakness that is increased with weight-bearing, activities of daily living, standing, walking, and climbing stairs; the pain remains the same since the last exam; the pain is rated at 7 out of 10 on the pain scale; and the pain is described as constant, severe, dull, sharp, ache, soreness, and weakness. Objective findings included left knee tenderness to palpation over the patellofemoral joint; patellofemoral crepitus is appreciated; patellofemoral compression test-grind test is positive; and there is decreased flexion. The treatment plan has included the request for Nuvigil 250mg 1 by mouth daily #90; and topical Calmoseptine ointment. A recent detailed psychological evaluation note of the psychiatrist was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg 1 PO QD #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG chapter Pain (updated 07/15/15).

Decision rationale: Request: Nuvigil 250mg 1 PO QD #90The California MTUS/ACOEM Guidelines do not address this medication; Nuvigil (armodafinil) is a medication that promotes wakefulness. As per the cited guideline: "Armodafinil (Nuvigil: 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." Any evidence of excessive sleepiness caused by narcolepsy or shift work sleep disorder was not specified in the records provided. Rationale for the use of Armodafinil was not specified in the records provided. A detailed history of any other psychiatric disorder that would require a stimulant medication was not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions was not specified in the records provided. Therefore, the request is not medically necessary.

Topical Calmoseptine ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112, Topical Analgesics.

Decision rationale: Topical Calmoseptine ointment Calmoseptine ointment contains zinc oxide and menthol (topical) Calmoseptine ointment is an analgesic, antiseptic, antipruritic, and skin protectant combination. It works by temporarily relieving itching and pain. It also decreases moisture in the affected area. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "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." There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. There is no evidence in the records provided that the pain is neuropathic in nature. The records provided do not specify that trials of antidepressants and

anticonvulsants have failed. Any intolerance or lack of response of oral medications is not specified in the records provided. In addition, as cited above, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is also no evidence that menthol is recommended by the CA, MTUS, Chronic pain treatment guidelines. Topical menthol is not recommended in this patient for this diagnosis. Therefore the request is not medically necessary.