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| Case Number: | CM14-0126271 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 01/10/2010 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 08/08/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female with a 1/10/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 7/10/14, the patient complained of pain in the mid back that radiated to the bilateral lower extremity, rated as a 5/10. Her pain level without medication was 8-9/10. She had difficulty staying asleep due to pain and felt frustrated because of pain. She stated that Butrans was no longer providing the desired pain coverage and would like to discuss increasing it. It continued to cause light nausea and headaches, but these symptoms are tolerable. Objective findings: limited to vital signs. Diagnostic impression: sciatica, chronic pain due to trauma, other chronic postoperative pain. Treatment to date: medication management, activity modification, low back surgery. A UR decision dated 7/18/14 denied the request for Nuvigil and modified the request for 4 Butrans patches to 2 patches for tapering and discontinuation. Regarding Nuvigil, Provigil is not recommended solely to counter its sedation effects of narcotics until first considering reducing excessive narcotic prescribing. Regarding Butrans, the patient has had minimal functional benefit with side effects and the patient does not have a condition for which chronic opioid use is indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans patch 15mcg/hr Q 7 days #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FDA (Butrans Official Disability Guidelines (ODG) Pain Chapter - Buprenorphine) Page(s): 26-27.

Decision rationale: The FDA states that Butrans is indicated for the management of moderate to severe chronic pain in patients requiring a continuous, around-the-clock opioid analgesic for an extended period; with a black box warning identifying that buprenorphine patches are linked to a risk for misuse, abuse, and diversion, particularly in patients with a history of substance abuse or mental illness. In the reports provided for review, there is no documentation that Butrans provides the patient significant pain relief or improvement in activities of daily living. In fact, it is noted that the patient felt that Butrans was no longer providing the desired pain coverage and caused side effects, such as nausea and headaches. There is no rationale provided as to why this patient requires Butrans as an around-the-clock opioid analgesic instead of another medication. Therefore, the request for Butrans patch 15mcg/hr Q 7 days #4 was not medically necessary.

Nuvigil 150mg QD #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 treatment in Worker's Compensation/Pain - Provigil

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

Decision rationale: CA MTUS does not address this issue. ODG states that 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. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. There is no documentation that the patient has a diagnosis of narcolepsy, obstructive sleep apnea, and shift work disorder. A specific rationale identifying why this patient requires Nuvigil despite lack of guideline support was not provided. Therefore, the request for Nuvigil 150mg QD #30 was not medically necessary.