

<b>Case Number:</b>	CM14-0143320		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/06/2007
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 49-year-old female who reported an injury on 09/06/2007. The mechanism of injury was not submitted for review. The injured worker has diagnoses of clinical consistent left lumbar radiculopathy, cervical sprain/strain, possibility of cervical radiculopathy, myofascial pain, insomnia secondary to chronic pain, depression/anxiety secondary to pain, and sleep disturbance. Past medical treatment consists of psychotherapy, lumbar epidural steroid injections, physical therapy, and medication therapy. Medications include Nucynta 100 mg, Nucynta 50 mg, Nuvigil, and tizanidine. The injured worker has undergone 5 MRIs and an electromyography (EMG)/nerve conduction study. On 07/24/2014, the injured worker complained of neck, low back pain. On physical examination it was noted that the injured worker had rated her pain at a 6/10. Examination revealed spasms noted in the cervical paraspinal muscles and stiffness noted in the cervical spine. Limited mobility was noted in the cervical spine secondary to pain and stiffness. Spasms were noted also in the lumbar paraspinal muscles and stiffness was noted in the lumbar spine. The injured worker demonstrated a stiff and antalgic gait noted more to the left. Left extensor hallucis longus (EHL) and ankle dorsiflexion were 4+/5. The treatment plan is for the injured worker to continue the upper extremity of Nucynta 100 mg, Nucynta 50 mg, Nuvigil, and tizanidine. The provider feels that these medications appear to be helping the injured worker with her work related injuries. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg Quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The request for Nucynta 100 mg with a quantity of 30 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines also stipulate ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be documented in reports. A pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided documentation did not indicate that the injured worker had failed to respond to non-opioid analgesics. Additionally, the documentation submitted for review lacked any evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. Furthermore, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Nucynta 100 mg is not medically necessary.

**Neuvigil 150mg Quantity 20: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The request for Nuvigil 150 mg is not medically necessary. The Official Disability Guidelines do not recommend the use of Nuvigil solely to counteract sedation effects of narcotics. Nuvigil 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 Nuvigil and modafinil. The guidelines also state that it should be noted that there should be heightened awareness of potential abuse of a dependence of this drug. Recently, Cephalon produced a campaign advising 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. Given the above guidelines, the requested medication is not recommended by the ODG. As such, the request for Nuvigil 150 mg is not medically necessary.

**Tizanidine 4mg Quantity 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63.

**Decision rationale:** The request for tizanidine 4 mg is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement, and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. According to the documentation dated 05/27/2014, the injured worker had been prescribed tizanidine since at least this time, exceeding the recommended guidelines for short term use. Additionally, the request as submitted did not indicate a frequency and duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for tizanidine is not medically necessary.

**Nucynta 50mg Quantity #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The request for Nucynta 50 mg is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines also stipulate ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects be documented in reports. A pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for the pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The provided documentation did not indicate that the injured worker had failed to respond to non-opioid analgesics. Additionally, the documentation submitted for review lacked any evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant behaviors. Furthermore, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Nucynta 50 mg is not medically necessary.