

<b>Case Number:</b>	CM14-0162281		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/29/2004
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46 year old with an injury date on 3/29/04. Patient complains of increasing low lumbar pain and radicular lower extremity pain, unspecified side per 8/28/14 report. Patient is having more difficulty with activities of daily life per 8/28/14 report. Based on the 8/28/14 progress report provided by [REDACTED] the diagnoses are: 1. severe disc desiccation L3 to S12. s/p discectomy L4-5 to the left as well as complete laminectomy L53. s/p PLIF and posterior spinal fusion L4-5 and ICBG and instrumentation as well as revision decompression and discectomy L4-5 to the left (2/27/07) Exam on 8/28/14 showed "patient has difficulty walking, changing position, and getting onto examining table. L-spine range of motion is restricted and painful. Guarding with motion, and muscle spasm present." [REDACTED] is requesting Klonopin 0.5mg #90, Nucynta ER 100mg #60, and Nuvigil 150mg #30. The utilization review determination being challenged is dated 9/30/14 and denies Nucynta as there is no documentation patient had adverse reaction to first line opioid. [REDACTED] is the requesting provider, and he provided treatment reports from 3/12/14 to 9/17/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This patient presents with lower back pain and leg pain. The treating physician has asked for Klonopin 0.5mg #90 on 8/28/14. Patient has been taking Klonopin since 3/12/14 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, however, the treating physician does not indicate that this is to be used for short-term. Furthermore, this patient struggles with chronic pain, and there is no discussion as to how this medication is to be tapered off. This request is not medically necessary.

**Nucynta ER 100mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Tapentadol (Nucynta)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Medications for chronic pain Page(s): 88, 89, 60, 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG pain chapter, section for Tapentadol (Nucynta)

**Decision rationale:** This patient presents with lower back pain and leg pain. The treating physician has asked for Nucynta ER 100mg #60 on 8/28/14. Review of the reports do not show any evidence of patient taking Nucynta in the past and patient is not currently on any other opioids. Regarding opioids for musculoskeletal pain, MTUS recommends only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. Patient presents with worsening chronic lower lumbar pain, and a trial of Nucynta appears to be reasonable for this type of condition. This request is medically necessary.

**Nuvigil 150mg #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 (Chronic)

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

**Decision rationale:** This patient presents with lower back pain and leg pain. The treating physician has asked for Nuvigil 150mg #30 on 8/28/14. Review of the reports do not show any evidence of patient taking Nuvigil in the past. Regarding Nuvigil, ODG states 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. In

this case, the patient does not present with excessive daytime sleepiness, sleep apnea, narcolepsy, or shift work disorder, neither does he show evidence of attention deficit hyperactivity disorder, chronic fatigue syndrome, and major depressive disorder. The treating physician does not provide a useful discussion regarding the request. The requested Nuvigil 150mg #30 is not supported for opiate-induced sedation. This request is not medically necessary.