

<b>Case Number:</b>	CM14-0164889		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	11/17/2003
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Orthopedic Surgery 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:

53 year old female claimant with an industrial injury dated 11/17/03. The patient is status post two lap band procedures as of August 2014 with hopes to proceed with a left knee replacement. Exam note 09/08/14 states the patient returns with left knee pain. The patient rates the pain a 5/10 with medication and a 9/10 without. She has seen improvement with the medications and a home exercise program. Current medications include Percocet, Nuvigil, Kadian, and Lidoderm. Upon physical exam the patient ambulated with a limp. The patient had evidence of tenderness in the left knee. Treatment plan includes a continuation of medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kadian 60mg, no refills QTY: 60:** 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): 80.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the exam note of 9/8/14 there is insufficient

evidence to support chronic use of narcotics such as Kadian. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity. Therefore the determination is for non-certification.

**Nuvigil 250mg, no refills QTY: 30:** Upheld

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

**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, Modafinil

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of Modafinil (Nuvigil). Per the ODG, Pain Chapter, Modafinil (Nuvigil) is not recommended to solely counteract sedative effects of narcotics. There is insufficient evidence in the records to support overriding the ODG guidelines regarding Modafinil. Therefore the determination is for non-certification.