MAXIMUS Federal Services

Case Number:	CM14-0183895		
Date Assigned:	11/10/2014	Date of Injury:	11/17/2003
Decision Date:	12/15/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	11/04/2014

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 and 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 54 year-old female with a date of injury of November 17, 2003. The patient's industrially related diagnoses include status post bilateral carpal tunnel release, bilateral upper extremity tenosynovitis, and left knee patellofemoral arthralgia, post contusion, per MRI scan the left knee revealing degenerative joint disease. The disputed issues are Kadian 60mg #60 and Nuvigil 250mg #30. A utilization review determination on 10/1/2014 had non-certified these requests. The stated rationale for the denial of Kadian was: "This request is denied because there is no documentation that this patient is opioid intolerant, that she needs round the clock opioid medications nor why she needs this medication in addition to Percocet." The stated rationale for the denial of Nuvigil was: "This request is denied because there is no documentation that the patient has daytime sleepiness and there is no documentation as to the medical necessity for this medication."

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Kadian 60mg, one tablet orally two times per day as needed; no refills requested Quantity: 60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 47, 75-79, 120.

Decision rationale: Kadian 60mg (Morphine Sulfate ER) is recommended for moderate to severe pain. In regard to the use of Kadian, California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs". Guidelines go on to recommend discontinuing opioids if there is no documentation of improvement in function and pain.In the submitted medical records available for review, there was documentation to support that Kadian provided pain relief in terms of reduction in numeric rating scale. However, there was contradicting documentation regarding functional level. In the progress report dated 9/8/2014, the treating physician documented that the injured worker was able to perform ADLs with her medication, but for the treatment plan, the treating physician stated: "Continue home care at a frequency of 4 hours per day, seven days per week for the next eight weeks for cooking, cleaning, and other activities of daily living." Furthermore there was no discussion regarding possible aberrant drug-related behavior. There is no documentation of a signed opioid agreement, no urine drug screen to assess for the use or the presence of illegal drugs, and no CURES report to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Kadian 60mg #60 cannot be established at this time. Although it is not medically necessary at this time, since it is an opioid, it should not be abruptly halted and the requesting provider should start a weaning schedule as he or she sees fit.

Medication: Nuvigil 250mg one tablet orally once per day; no refills requested Quantity: 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 (ODG)

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

Decision rationale: The California MTUS and ACOEM are silent regarding the use of Nuvigil, and the Official Disability Guidelines state that Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is also FDA approved for treatment of excessive sleepiness caused by obstructive sleep apnea and hypopnea syndrome. In the submitted medical records available for review, there was no indication that the injured worker had a diagnosis of narcolepsy or shift work sleep disorder. In the AME report dated 8/20/2014, there was documentation that the injured worker has obstructive sleep apnea but it was deemed non-industrial. Furthermore, the

treating physician in the progress report dated 9/8/2014 did not document the reason for the use of Nuvigil except that this medication in combination with the others was used to treat chronic pain. Therefore, based on the ODG, Nuvigil 250mg #30 is not medically necessary.