

<b>Case Number:</b>	CM14-0177536		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	05/11/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Oklahoma

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44-year-old female who reported an injury on 10/05/2011 due to an unknown mechanism. Diagnoses were lumbago, low back pain, and post laminectomy syndrome lumbar spine. Physical examination dated 09/10/2014 revealed that the injured worker continued with pain in the neck and back and legs. It was reported that the medications were working but still had some fatigue at noon. The injured worker was working full time. The injured worker stated that the patient was a 5/10 on the pain scale with medications. Medications were trazodone, hydrocodone, Opana ER, Nuvigil, Amrix, MiraLax. The injured worker had complaints of insomnia, fatigue, anxiety, and depression. Examination of the cervical spine was reported as tender. Left upper extremity was normal, with no tenderness and without crepitus or defects. Right upper extremity was normal, normal wrist, no upper arm tenderness, and without crepitus. The left lower extremity was nontender, without crepitus, full strength, and normal muscle tone. Right lower extremity revealed no crepitus, nontender, full strength and muscle tone. Examination of the lumbar spine revealed tenderness at lumbar spine and tender at facet joint. The treatment plan was to continue full time with work and start Nuvigil for alertness. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325mg #240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There was a lack of documentation of an objective assessment of the injured worker's pain level, functional status, appropriate medication use, and side effects. Additionally, the efficacy of the prior use of the medication was not provided. A complete and adequate pain assessment as well as the frequency of the requested medication was not submitted. As such, the medical necessity has not been established.

**Nuvigil 250mg #30 with 3 refills:** Upheld

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

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

**Decision rationale:** The decision for Nuvigil 250 mg, quantity 30 with 3 refills, is not medically necessary. The Official Disability Guidelines state that Nuvigil is not recommended solely as a counteract sedation effect 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 Armodafinil and Modafinil. The injured worker was not diagnosed with narcolepsy or shift work sleep disorder. The efficacy of this medication was not reported. Also, the medical guidelines do not support the use of this medication without a diagnosis of narcolepsy or shift work sleep disorder which the injury worker did not have. It is not recommended for the sole use to counteract sedation effects of narcotics. Furthermore, the request is does not indicate a frequency for the medication. There were no other significant factors provided to justify the use outside of current guidelines. Therefore, this request is not medically necessary.

**Opana ER 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80 and 93.

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

**Decision rationale:** The decision for Opana ER 20 mg, quantity 60, is not medically necessary. The California Medical Treatment Utilization Schedule 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 recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The 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 pain relief, and how long the 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 medical documentation lacked evidence of the injured worker's failure to respond to non-opioid analgesics. The documentation lacks evidence of the efficacy of the medication, a complete and accurate pain assessment, and aberrant drug taking behaviors. There was no assessment of pain without medications to compare with pain level on medications. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.