

Case Number:	CM15-0121972		
Date Assigned:	07/06/2015	Date of Injury:	02/04/1994
Decision Date:	08/04/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female who sustained an industrial lifting and twisting injury to her upper and lower back on 02/04/1994. The injured worker was diagnosed with cervical degenerative disc disease, cervical spinal stenosis, myalgia and myositis, lumbar spondylosis and lumbar spinal stenosis. The injured worker underwent C5-6 and C6-7 fusion in 1997 and lumbar fusion at L4-5 and L5-S1 in 1999. Treatment to date has included diagnostic testing, surgery, chiropractic therapy, physical therapy, cervical and lumbar epidural steroid injections, dental evaluation, extractions and treatment, home exercise program and medications. According to the primary treating physician's progress report on May 13, 2015, the injured worker continues to experience neck and lower back pain. The injured worker also reports left leg pain. The injured worker rates her pain level at 7/10 with a daily average of 9/10. The injured worker has a slow, stooped gait and uses a walker. Examination of the cervical spine demonstrated decreased range of motion at the lateral right and left rotation due to pain. The paravertebral muscles were tender to palpation with positive Spurling's maneuver causing pain but no radicular symptoms. The lumbar spine was documented with full range of motion with tenderness of the paravertebral muscles bilaterally. Lumbar facet loading was positive bilaterally. Internal rotation of the femur resulted in deep buttock pain. Straight leg raise was positive on the left side. Faber was negative. The sacroiliac spine was noted to be tender. Tone and strength of muscles were within normal limits with decreased sensation over the right lateral of the L5 dermatome. Current medications are listed as OxyContin 40mg, Topamax, Zanaflex, Roxicodone 15mg and Neurontin. Treatment

plan consists of staying active and productive and the current request for Roxycodone and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxycodone 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is using roxycodone on an as needed basis for breakthrough pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The established guidelines do not support the use of this medication on an intermittent basis, therefore, the request for Roxycodone 15mg #60 is determined to not be medically necessary.

Nuvigil 250mg #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), 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) Pain Chapter/Armodafinil (Nuvigil) Section.

Decision rationale: MTUS guidelines do not address the use of Nuvigil. The ODG states that Nuvigil is 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. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. For more information, see also Modafinil (Provigil), where it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Recently Cephalon

produced a campaign 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. As this medication is not recommended to treat sedation caused by narcotic use, the request for Nuvigil 250mg #30 is determined to not be medically necessary.