

<b>Case Number:</b>	CM15-0122032		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	04/02/2003
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2015

### 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: Arizona, Michigan

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 53 year old, male who sustained a work related injury on 4/2/03. The diagnoses have included complex regional pain syndrome, industrial ankle sprain injury, status post spinal cord stimulation insertion, probable right thoracic outlet syndrome, right carpal tunnel syndrome, chronic pain syndrome, severe gastroesophageal reflux disease, depressive disorder, left knee meniscal injury, right shoulder internal derangement and long history of narcotic dependency. Treatments have included Suboxone sublingual, oral medications and spinal cord stimulator. In the PR-2 dated 4/8/15, the injured worker complains of worsening depression. He is tearful at this office visit. He complains of worsening fatigue. He continues to demonstrate bilateral leg allodynia, right greater than left. He has right arm allodynia with weakness. He has pocket discomfort over his spinal cord stimulator generator which is quite superficial and prominent. He is not working. The treatment plan includes discontinuation of Suboxone, start a trial of Butrans patches and to continue other medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 10mcg/hr #4 w / 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine (Butrans) Page(s): 26-27.

**Decision rationale:** Per CA MTUS guidelines, Butrans (Buprenorphine) is recommended for the treatment of opiate addiction. "Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." "In recent years, buprenorphine has been introduced in most European countries as a transdermal formulation ("patch") for the treatment of chronic pain. Proposed advantages in terms of pain control include the following: (1) No analgesic ceiling; (2) A good safety profile (especially in regard to respiratory depression); (3) Decreased abuse potential; (4) Ability to suppress opioid withdrawal; & (5) An apparent anti-hyperalgesic effect (partially due to the effect at the kappa-receptor)." "Studies have shown that buprenorphine is more effective than placebo and is equally as effective as moderate doses of methadone in opioid maintenance therapy." "Buprenorphine, however, is known to cause a milder withdrawal syndrome compared to methadone and for this reason may be the better choice if opioid withdrawal therapy is elected." A review of the injured workers medical records reveal a complex history of chronic pain with longstanding opioid dependency, unfortunately 6 months worth of butrans as a trial especially in a patient with a longstanding history of opioid dependency is not appropriate and there is no documentation of pain or functional improvement with the use of Suboxone, there is also no clear rationale given for the switch from Suboxone to Butrans and without this information it is not possible to determine if the switch to Butrans is medically necessary, therefore the request for Butrans patch 10mcg/hr #4 w / 5 refills is not medically necessary.

**Nuvigil 150mg #30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. 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) Armodafinil (Nuvigil).

**Decision rationale:** The MTUS/ ACOEM did not address the use of Nuvigil therefore other guidelines were consulted. ODG states Armodafinil (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." "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." There is no documentation noted that indicates he is having difficulty staying awake during the day. He is not working. Therefore, the requested treatment of Nuvigil is not medically necessary.