

<b>Case Number:</b>	CM15-0126699		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	07/27/2011
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: Massachusetts

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 52 year old male, who sustained an industrial injury on July 27, 2011. Treatment to date has included cervical epidural steroid injection, EMG/NCV of the bilateral upper extremities, cognitive behavioral therapy and biofeedback, ophthalmological nerve blocks around the left eye, and a prosthetic eye. Currently, the injured worker complains of headaches and reports that he is able to modify the headaches with the use of Fioricet. The documentation reveals the injured worker reports more intense and more frequent headaches when he is not using Fioricet. The injured worker reported that Nuvigil helps significantly with his daytime fatigue. The evaluating physician notes that Nuvigil improves the injured worker's alertness and reduces safety issues related to drowsiness when driving. He continues to report hypersensitivity around the right scalp and brow area and has irritation of the left eye. The diagnosis associated with the request is migraine. The treatment plan includes continued use of Fioricet for headaches, continued Nuvigil and continued cognitive behavioral therapy and biofeedback.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Barbiturate Containing Analgesic Agents; AGS, 2012.

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

**Decision rationale:** The claimant sustained a work-related injury in July 2011 and continues to be treated for chronic head pain including headaches. He has obstructive sleep apnea and his BMI is over 31. When seen, masks for his obstructive sleep apnea had not been successful. He had right scalp and eyebrow sensitivity. Nuvigil and Fioricet were prescribed. Armodafinil (Nuvigil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case, the claimant has obstructive sleep apnea which may be causing his daytime fatigue and could be treated primarily. He is taking Fioricet which may also be contributing to his symptoms. Ongoing prescribing of Nuvigil is not medically necessary.

**Fioricet quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Barbiturate Containing Analgesic Agents; AGS, 2012.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Assessment Approaches, (2) Barbiturate-containing analgesic agents (BCAs) Page(s): 6, 23.

**Decision rationale:** The claimant sustained a work-related injury in July 2011 and continues to be treated for chronic head pain including headaches. He has obstructive sleep apnea and his BMI is over 31. When seen, masks for his obstructive sleep apnea had not been successful. He had right scalp and eyebrow sensitivity. Nuvigil and Fioricet were prescribed. In terms of the claimant's headaches, these are not adequately described in terms of the location, character, frequency, or duration. Classification of her headaches cannot be determined. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures. Ongoing prescribing of Fioricet is not medically necessary.