

<b>Case Number:</b>	CM15-0068908		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	10/26/1992
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Emergency 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 57 year old female, who sustained an industrial injury on 10/26/1992. Diagnoses have included lumbar degenerative disc disease and disc herniation. Treatment to date has included exercise and medication. According to the progress report dated 11/14/2014, the injured worker complained of low back pain. The worst pain was rated as 5, the least pain as 2 and the average pain as 3. The injured worker also complained of numbness/tingling. She reported that the left fingers were numb and the right lateral aspect of the lower extremity. Exam of the spine revealed painful, tight, functionally full range of motion and loss of normal lumbar lordosis. Authorization was requested for Nuvigil, Suboxone, a urine drug screen, and a retrospective urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg, #30 x 3 months:** 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 Procedure Summary Online Version.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia treatment, Provigil.

**Decision rationale:** The requested Nuvigil 150mg, #30 x 3 months, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain, Insomnia treatment, Provigil is not recommended to treat opiate-induced somnolence. The injured worker has chronic low back pain. The treating physician has documented the spine as showing painful, tight, functionally full range of motion and loss of normal lumbar lordosis. The treating physician has not documented trials of opiate reduction to treat somnolence. The criteria noted above not having been met, Nuvigil 150mg, #30 x 3 months is not medically necessary.

**Suboxone 8mg, #60 x 3 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain - Recommendations for general conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

**Decision rationale:** The requested Suboxone 8mg, #60 x 3 months, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has chronic low back pain. The treating physician has documented the spine as showing painful, tight, functionally full range of motion and loss of normal lumbar lordosis. The treating physician has not documented the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Suboxone 8mg, #60 x 3 months is not medically necessary.

**Urine drug screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines "Drug testing" Page(s): 43.

**Decision rationale:** The requested Urine drug screen is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain. Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has chronic low back pain.

The treating physician has documented the spine as showing painful, tight, functionally full range of motion and loss of normal lumbar lordosis. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months nor what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There are also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug screen is not medically necessary.