

<b>Case Number:</b>	CM15-0076841		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	08/29/2010
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Texas, Florida, 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 48 year old female, who sustained an industrial injury on 08/29/2010. She has reported subsequent low back, neck and lower extremity pain and was diagnosed with acquired spondylolisthesis, thoracic/lumbosacral neuritis and displaced cervical intervertebral disc. Treatment to date has included oral and topical pain medication and surgery. In a progress note dated 12/16/2014, the injured worker complained of neck and low back pain with numbness to the bilateral arms and legs. Objective findings were notable for limited range of motion of the lumbar spine, positive stretch tests in recumbency and tenderness with guarded muscles overlying the lower lumbar spine. A request for authorization of Lidocaine pads and Nuvigil was submitted. There was no medical documentation submitted that pertains to the current treatment request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restart Lidocaine Pads:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 56 of 127.

**Decision rationale:** This claimant was injured 5 years ago, and has continued pain from the injury. No medical documentation is available pertaining to the current treatment request. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately not medically necessary under MTUS.

**Restart of Nuvigil Tab 150 MG #30 30 Day Supply:** Upheld

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

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

**Decision rationale:** The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. This claimant was injured 5 years ago, and has continued pain from the injury. No medical documentation is available pertaining to the current treatment request. The ODG notes in the Pain section regarding Nuvigil: 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. (Tembe, 2011) 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. (SEC, 2011) In this case, it is not affirmed there is a true narcolepsy or sleep disorder. Criteria for Nuvigil are not met and therefore is not medically necessary.