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| <b>Case Number:</b>   | CM15-0097528 |                              |            |
| <b>Date Assigned:</b> | 05/28/2015   | <b>Date of Injury:</b>       | 06/11/1997 |
| <b>Decision Date:</b> | 07/01/2015   | <b>UR Denial Date:</b>       | 05/14/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/20/2015 |

### 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: Physical Medicine & Rehabilitation

### 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 65 year old male, who sustained an industrial injury on 6/11/1997. He reported low back pain after falling down stairs. The injured worker was diagnosed as having cervical disc herniation, lumbar disc herniation, and facet syndrome. Treatment to date has included physical therapy, medications, lumbar epidural steroid injection, magnetic resonance imaging, left shoulder surgery, neck surgery. The request is for Provigil, Norco, and Oxycontin. On 5/7/2015, he complained of back stiffness, and left shoulder pain. He rated his pain 10/10, with 4-5/10 for left shoulder pain, and indicated he also had arm weakness, locking, stiffness and swelling. In addition he reported 5-6/10 left elbow pain. Muscle strength was noted to be within normal limits, muscle tone within normal limits, and tenderness is noted to the left AC joint. There is decreased flexion and extension range of motion to the left shoulder. He is also seen for follow up to neck pain, where the neck is noted to have spasms, and a tender TMJ joint, and tender temporal region. Testing revealed a positive Romberg's, and Spurling's maneuver. The current medications are: Topamax, Provigil, Oxycontin, Norco, Pristiq, and Horizant. The records indicated he has tried to wean off of his medications and experienced increased pain, and decreased functional capacity. The treatment plan included: Horizant, Norco, Nuvigil, Oxycontin, Prestiq, Provigil, and Topamax. The records are not clear regarding a diagnosis of narcolepsy, functional status improvement, reduction in need for medications, or reduction in work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60mg Qty: 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Oxycontin 60mg Qty: 180 is not medically necessary and appropriate.

**Norco 10/325mg Qty: 240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic

opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The Norco 10/325mg qty: 240 is not medically necessary and appropriate.

**Provigil 200mg Qty: 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), Modafinil (Provigil).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Armodafinil/ Modafinil, page 666.

**Decision rationale:** Provigil (active ingredient-Modafinil), per FDA, is prescribed for the treatment of excessive sleepiness caused by certain sleep disorder such as obstructive sleep apnea/ hypopnea syndrome (OSAHS), narcolepsy, and shift work sleep disorder (SWSD). Side effects include feeling anxious, trouble sleeping, and nervousness. ODG does not recommend Provigil medication solely to counteract sedation effects of narcotics, but may be an option for use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Provigil 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. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or ADLs limitations for use of Provigil in the patient's listed diagnoses nor document any functional improvement from previous treatment rendered with chronic unchanged symptoms to establish medical indication or necessity outside guidelines recommendations. The request for Provigil 200mg qty: 30 is not medically necessary and appropriate.