

Case Number:	CM13-0008130		
Date Assigned:	09/11/2013	Date of Injury:	12/08/2003
Decision Date:	01/28/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services.

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 patient is a 49-year-old female who reported an injury on 12/08/2003 due to cumulative trauma while performing her job duties. She is reported to complain of neck pain, upper back pain, right and left shoulder, and arm pain, right and left hand pain, and numbness of the right and left arms and hands with weakness. She is noted to have treated with analgesics and muscle relaxants, and she is also noted to be treating with cognitive behavioral health and being seen by a psychiatrist for medication refills. On 03/28/2013 a clinical note signed by [REDACTED] reported the patient is noted to be on Nuvigil 150 mg once a day, Wellbutrin XL 300 mg once a day, and Lexapro 10 mg once a day. She is also noted to have been prescribed Lunesta 1 at bedtime for insomnia and to have discontinued Edluar. The patient is noted to have been prescribed Norco 10/325 mg 3 times a day and cyclobenzaprine 7.5 mg every 12 hours as needed for muscle spasms which she usually just took in the evening secondary to the sedative effects. These were prescribed by [REDACTED], her reported treating physician. On 06/17/2013, the patient is reported to have undergone a C6-7 interlaminar epidural steroid injection on 06/11/2013 and at that time she reported about 15% to 20% relief of her left-sided neck pain, but her right side neck pain seemed worse. She also complained of low energy, headaches, and reported a low grade fever of 99.2. The patient reporting an aching, burning-type pain in her right neck, bilateral shoulders, and arms with numbness on the thumb and forefinger of her right hand. She also reported achy, cramping feeling in both her hands and an aching-type pain feeling in her mid back. She rated her pain 7/10 to 8/10 without medications and with medications 4/10 to 5/10. On that date, she was noted to have tenderness over the cervical paraspinals and possibility of some mild swelling in her lower cervical area and upper back area. She had decreased range of motion of her c

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg, #60: 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) treatment; Integrated treatment/Disability Duration Guidelines., Pain (Chronic)

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 Physician Reviewer's decision rationale: The patient is a 49-year-old female who reported an injury on 12/08/2003 due to repetitive trauma from performing her job duties. She is reported to complain of neck pain and pain in her bilateral upper extremities with numbness and tingling and weakness. She is noted to have been treated with extensive conservative care and to have undergone a cervical fusion in 2011 from C5-7. She is noted to continue to complain of ongoing neck pain and to be prescribed Norco 10/325 mg for her pain and cyclobenzaprine 7.5 mg for muscle spasms. The patient has been prescribed Nuvigil. California MTUS Guidelines do not address the request. Official Disability Guidelines state Nuvigil is not recommended solely to counteract sedation effects of narcotics. It is used to treat excessive sleepiness caused by narcolepsy or shift work disorder. There is no documentation the patient suffers from narcolepsy and on physical exam there is no indication the patient is overly sedated. As such, the requested Nuvigil does not meet guideline recommendations. Based on the above, the request for Nuvigil 250 mg #60 is non-certified.

Lunesta 3mg, #1 (dispensed on 6/10/2013): 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) , Treatment in Workers Comp 2012 on the Web and Work Loss Data Institute

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), Insomnia treatment.

Decision rationale: The Physician Reviewer's decision rationale: The patient is a 49-year-old female who reported an injury on 12/08/2003 due to repetitive motion trauma while performing her job duties. She is noted to complain of ongoing pain in the cervical spine with radiation of pain to the bilateral upper extremities with reports of numbness and weakness. She is noted to have been prescribed Lunesta for sleep. California MTUS Guidelines do not address the request. Official Disability Guidelines state Lunesta is utilized treatment of insomnia, is noted to demonstrate reduced sleep latency and sleep maintenance and is the only FDA-approved benzodiazepine receptor antagonist approved for use for longer than 35 days. However, as there is no documentation the patient complains of insomnia with the inability to fall asleep or remain

asleep, the need for Lunesta is not established. Based on the above, the requested Lunesta 3 mg, #1 dispensed 06/10/2013 is non-certified.