

<b>Case Number:</b>	CM13-0033002		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	12/04/1997
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Ohio and Texas. 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 51-year-old who reported an injury on 12/04/1997. The patient is diagnosed with rheumatoid arthritis, cervical disc displacement, and long-term use of medication. The patient was seen by [REDACTED] on 09/25/2013. The patient reported continued total body pain, chronic fatigue, and problems sleeping. Physical examination revealed no new joint swelling, normal neurologic examination, rheumatoid arthritis deformities in bilateral hands, bilateral knee tenderness, and no organomegaly. Treatment recommendations included continuation of current medication and a recommendation for an ophthalmology consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150 mg, 30 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The Official Disability Guidelines state Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. As per the clinical notes submitted, the patient has

continuously utilized this medication. Despite the ongoing use, the patient continues to report chronic fatigue and difficulty sleeping. Satisfactory response to treatment has not been indicated. The request for Nuvigil 150 mg, 30 count, is not medically necessary or appropriate.

**Plaquenil 200 mg, 60 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the 2008 American College of Rheumatology, 2012 Update.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, U.S. Department of Health and Human Services National Institutes of Health, Updated 23 January 2014.

**Decision rationale:** Plaquenil is in a class of drugs called anti-malarials. It is used to prevent and treat acute attacks of malaria, and is also used to treat discoid or systemic lupus, erythematosis, and rheumatoid arthritis. As per the clinical notes submitted, there is no indication that this patient has failed to respond to previous treatment prior to the initiation of an anti-malarial. Despite the ongoing use, the patient continues to report continued total body pain, chronic fatigue, and difficulty sleeping. There is no change in the patient's physical examination that would indicate functional improvement. The request for Plaquenil 200 mg, 60 count, is not medically necessary or appropriate.

**Methotrexate 2.5 mg, 16 count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, U.S. Department of Health and Human Services National Institutes of Health, Updated 23 January 2014.

**Decision rationale:** Methotrexate is used to treat severe psoriasis that cannot be controlled by other treatments. Methotrexate is also used along with rest, physical therapy, and sometimes other medications to treat severe, active rheumatoid arthritis that cannot be controlled by certain other medications. As per the clinical notes submitted, there is no indication that this patient has failed to respond to first-line treatment prior to the initiation of methotrexate. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report total body pain, chronic fatigue, and difficulty sleeping. There are no changes in the patient's physical examination that would indicate functional improvement. The request for Methotrexate 2.5 mg, 16 count, is not medically necessary or appropriate.