MAXIMUS Federal Services

Case Number:	CM13-0044538		
Date Assigned:	12/27/2013	Date of Injury:	05/25/2004
Decision Date:	05/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 an employee of [redacted]. and has submitted a claim for lumbosacral neuritis associated with an industrial injury date of May 25, 2004. Treatment to date has included oral analgesics, muscle relaxants, lumbar epidural steroid injection, exercise program and physical therapy. Medical records from 2013 were reviewed and showed chronic low back pain radiating down the right lower leg which limited activity and mobility. The patient was diagnosed with lumbar degenerative disc disease with significant central and foraminal stenosis and bilateral lower extremity radiculopathy. He has been on medications for 15 years and stated that he would like to return to work but was having withdrawal symptoms when he cuts back on his medications. He has increased daytime somnolence and has been having difficulty with driving due to the medications hence he was prescribed with Nuvigil. Physical examination showed a mildly antalgic gait favoring the atrophic right lower extremity, bilateral posterior lumbar musculature tenderness with increased muscle rigidity and numerous tender trigger points throughout the lumbar paraspinal muscles. Lumbar range of motion was decreased due to pain, worse on flexion. Motor and sensory deficits in the right lower extremity were noted. The patient has been taking Nuvigil as far back as February 2013, and Fexmid as far back as August 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 150 MG: 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).

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

Decision rationale: The Official Disability Guidelines (ODG), Pain Chapter, does not recommend Armodafinil (Nuvigil) solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. It is noted that there should be heightened awareness for potential abuse of and dependence on this drug. In this case, the patient has been taking Nuvigil as far back as February 2013 due to excessive daytime somnolence. However, there was no objective evidence of trial of reducing narcotic intake. Prolonged use is not recommended due to potential abuse and dependence with the drug. In addition, the quantity of medication needed to dispense was not mentioned. Therefore, the request for Nuvigil 150mg is not medically necessary.

FEXMID 7.5 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 41-42,63.

Decision rationale: As stated on pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option as a short course therapy for management of back pain. Page 63 states that muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement of chronic low back pain. In this case, the patient has been taking Fexmid as far back as August 2013. There was no objective documentation that this medication was being given as a short-term course. Prolonged use is not recommended. In addition, there is no evidence of trial and failure of NSAIDs to relieve pain. Moreover, the quantity of medication needed to dispense was not mentioned. Therefore, the request for Fexmid 7.5mg is not medically necessary.