

Case Number:	CM13-0050026		
Date Assigned:	12/27/2013	Date of Injury:	09/25/1990
Decision Date:	02/28/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/08/2013

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, 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. 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 55-year-old who reported an injury on 09/25/1990. The patient is currently diagnosed with unspecified myalgia and myositis, other and unspecified hyperlipidemia, menstrual migraine, pes anserine bursitis, fibromyalgia, and migraine headaches. The most recent physician progress note was submitted on 01/18/2013 by [REDACTED]. The patient presented with complaints of severe migraines. Physical examination revealed upper trapezius muscle tenderness and tightness, with normal range of motion and 17/18 fibro trigger points. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xyrem: 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. AHFS® Consumer Medication Information. © Copyright, 2014. The American Society of Health-System Pharmacists, Inc. Last updated: 23 January 2014.

Decision rationale: The Physician Reviewer's decision rationale: Xyrem, also known as sodium oxybate, is used to prevent attacks of cataplexy and excessive daytime sleepiness in patients who have narcolepsy. As per the documentation submitted, the patient has continuously utilized this medication since at least 2010. There is no documentation of excessive daytime sleepiness or cataplexy. The patient does not maintain a diagnosis of narcolepsy. The medical necessity for the requested medication has not been established. The request for Xyrem is not medically necessary or appropriate.