

Case Number:	CM13-0050066		
Date Assigned:	12/27/2013	Date of Injury:	02/05/2001
Decision Date:	03/14/2014	UR Denial Date:	10/10/2013
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 Internal 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 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 a 59-year old female who was injured on February 05, 2001. Prior clinical history included a negative rheumatoid arthritis (RA) blood test drawn on July 2013 from [REDACTED]. On October 11, 2013, the patient was treated with medications Cymbalta and Lyrica for pain management and trigger point injections. On June 06, 2013, the patient states she is taking Cymbalta and Lyrica for pain management. A clinic note dated September 20, 2013 indicates that the patient continues to have total body pain, chronic fatigue, and difficulties sleeping. She complains of pain in the ankle associated with swelling and burning. The patient complains of difficulty walking due to issues related to balance. She reports that her physician at [REDACTED] informed her that she has Thyroid AB. Her most recent labs showed the thyroid stimulating hormone (TSH) 40.5, T3 4.3, free T4 0.9 and T3 uptake 0.6. The patient has a normal neurologic examination, and no rheumatoid arthritis deformities. The patient does have left ankle tenderness and swelling. Treatment plan was to continue taking Tramadol 150, Sentra in the evening, Restasis, Lyrica, Nuvigil, Gabapentin, topical Tramadol and flurbiprofen for functional movement systems. Diagnoses include other specific temporomandibular joint disorders, Myalgia and myositis not otherwise specified, and Medial epicondylitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Restasis 0.05%, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/restasis.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.allergan.com/assets/pdf/restasis_pi.pdf

Decision rationale: Restasis is a topical formulation indicated to treat reduced tear production due to inflammation from dry eye disease. Further, manufacturer information states, "Increased tear production was not seen in patients currently taking topical anti-inflammatory drug." The patient is noted as using topical drugs for functional movement improvement and would therefore not fit the guidelines for the use of Restasis. Therefore, the request is not certified.

Nuvigil 150mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/nuvigil.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.nuvigil.com/PDF/Full_Prescribing_Information.pdf

Decision rationale: There are no current guidelines for Nuvigil use in the CA MTUS or ODG, the information used is based on the manufacturers recommended usage. Nuvigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with treated obstructive sleep apnea (OSA), narcolepsy, or shift work disorder. The patient is not currently diagnosed with or being treated for any of these conditions. Therefore, the request is not certified.