MAXIMUS Federal Services

| Case Number: | CM13-0057555 | | |
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| Date Assigned: | 12/30/2013 | Date of Injury: | 07/18/2010 |
| Decision Date: | 05/06/2014 | UR Denial Date: | 11/12/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

## 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 Family Practice, 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 a 52 year old male police officer with a date of injury on 7/8/10 at which time he was struck from behind by a vehicle. He was thrown to the ground and had a loss of consciousness. He has undergone surgical intervention to his right thumb and right shoulder. He is currently under medication management by [redacted]. He underwent interventional pain management procedures with [redacted]. He also is undergoing psychotherapy treatments. A report dated October 29, 2013 by [redacted] diagnoses the patient with closed head injury, left scalp laceration-healing, cervical sprain, post traumatic cervico occipital neuralgia headaches, right hand/wrist fracture with pins, right ulnar collateral ligament tear for surgical reconstruction, upper back strain, lumbar sprain, reactive anxiety and depression secondary to closed head injury with features of post-traumatic stress disorder, left shoulder SLAP repair, subacromial decompression and distal clavicle resection with [redacted], right shoulder sprain. Treatment plan is for Nuvigil trial in place of Adderall, Amrix trial to replace Flexeril and see if this will be less sedating. Request was also made for polysomnography and multiple sleep latency tests. Nuvigil was non-certified due to continued use of opioid and benzodiazepine more than 3 years after injury without any documented functional improvement. The peer reviewer noted that both of these medications can cause drowsiness. Amrix was non-certified as the patient continued to use a muscle relaxant more than 3 years after injury and there was no documentation of acute exacerbation of chronic low back pain. Recommendation was made to non-certify repeat PSG as PSG on 8/16/13 had ruled out obstructive sleep apnea. The request for Multiple Sleep Latency Test was certified as the patient reports dysfunctional sleep, and PSG on 8/16/13 ruled out obstructive sleep apnea but was suggestive of possible narcolepsy. A November 12, 2013 report by [redacted] appeals Nuvigil for the patient's sleep disorder to try to improve wakefulness in the setting of the possible diagnosis of narcolepsy. Amrix trial as a

muscle relaxer is to try and get better control of the spasm for which the patient has to take extensive medications for. A follow up sleep study is requested as recommended by sleep medicine neurologist specializing in cognitive impairment, disordered sleep and chronic pain. [redacted] notes that the patient slept well in the sleep lab however, at home he wakes up many times and is tired/ fatigued and stays that way through the day. The October 29, 2013 report by [redacted] notes that a home sleep study may be considered given that the sleep disorder manifests at home.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NUVIGIL 150MG (TRIAL), #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Pain, Armodafinil (Nuvigil)

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

**Decision rationale:** The request of trial of Nuvigil is supported. According to Official Disability Guidelines (ODG), Armodafinil (Nuvigil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case, the patient is noted to possibly have narcolepsy and will be undergoing additional testing. As such, a trial of this medication would be medically supported while additional testing is performed to confirm this diagnosis.

**AMRIX 15MG (TRIAL), #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants,Cyclobenzaprine (FlexerilÂ®, AmrixÂ®, Fexmidâ¿¢, generic available) Page(s): 63.

**Decision rationale:** The request for Amrix is not medically necessary. According to California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG), muscle relaxants are not recommended for chronic use. References also state that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, while the patient's injuries are acknowledged, ongoing treatment with a muscle relaxant approximately three years post injury would not be supported. It should also be noted that per the guidelines, sedation is the most commonly reported adverse effect with this medication. Ongoing treatment with this medication would not be supported given the patient's complaints of wakefulness. For these reasons, a trial of Amrix 15 mg #30 is not medically necessary.

**POLYSOMNOGRAPHY (PSG):** 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 Official Disability Guidelines (ODG) , Pain , Polysomnograpy

**Decision rationale:** A polysomnograph is not medically necessary at this time. According to the Official Disability Guidelines (ODG), a polysomnograph is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep- promoting medications, and after psychiatric etiology has been excluded. In this case, the patient has already undergone a sleep study and obstructive sleep apnea (OSA) has been ruled out. Additional testing in the form of Multiple Sleep Latency Test (MSLT) has been certified. It would be reasonable to await the results of that study prior to determining if another polysomnograph is necessary.