

Case Number:	CM13-0066470		
Date Assigned:	05/07/2014	Date of Injury:	07/16/1997
Decision Date:	06/13/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/16/2013

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 Orthopedic Surgery 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 claimant is a 67-year-old, gentleman who was injured in a work related accident on 07/16/97. The recent clinical records provided for review included a 01/22/14 handwritten progress report noting "mood liability" with associated pain but formal physical exam findings were not noted. The claimant was to continue with cognitive behavioral therapy and medications for further treatment. It is also noted that this claimant is status post a C3 through T1 fusion but the date of surgery was not identified. Recent treatment has included medications, injections, activity restrictions, and a trial of an Intrathecal Morphine pump in October 2013 that provided no longstanding benefit. This request is for medications include Nuvigil, Cymbalta, Ambien, and Valium.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 150 MG, 1 QAM #30 WITH 5 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment In Worker's Comp, 18th Edition, 2013 Updates: Pain Procedure - Insomnia Treatment.

Decision rationale: The California MTUS and ACOEM Guidelines do not address this medication. When looking at Official Disability Guidelines, the request for Nuvigil in treatment for insomnia would not be indicated. Nuvigil is a medication used to treat narcolepsy. This individual is documented to have current complaints of chronic pain following a multilevel fusion procedure of the cervical spine. There is no documentation regarding the need for treatment of insomnia or insomnia related complaints. The majority of agents utilized for insomnia per Official Disability Guidelines are recommended for short term use of less than four weeks only. The chronic use of Nuvigil in this individual with a lack of formal documentation of narcolepsy or prior treatment for insomnia noted would not be supported, therefore is not medically necessary.

CYMBALTA 30 MG QAM, #90 WITH 2 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants For Chronic Pain..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Depressant-Duloxetine, Page(s): 42, 43-44.

Decision rationale: The Chronic Pain Guidelines also would currently not support continued use of Cymbalta. While Cymbalta could be utilized for neuropathic pain, this individual's current physical examination and clinical findings include continued pain to the neck following surgical related procedure. There is currently no formal physical examination or imaging finding indicative of neuropathic pain or pathology. The request for continued use of Cymbalta with multiple refills would not be supported, therefore is not medically necessary.

AMBIEN 10 MG, 1 QHS #30 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment In Worker's Comp, 18th Edition, 2013 Updates: Pain Procedure - Insomnia Treatment.

Decision rationale: California MTUS and ACOEM Guidelines do not address this medication. Based on Official Disability Guidelines, continued use of Ambien also would not be indicated. As cited above the Official Disability Guidelines in regards to treatment for insomnia would recommend treatment for brief periods of time of less than four weeks. The continued use of Ambien in this chronic pain related setting at this chronic period of time from the claimant's injury would not be supported, therefore is not medically necessary.

VALIUM 10 MG, #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: Chronic Pain Guidelines currently would not support the chronic use of Benzodiazepines. The role of Diazepam or Valium would not be supported for greater than a four week period of time. Given this claimant's chronic time from injury and long term treatment with the agent, its continued use based on Guideline criteria would not be supported, therefore is not medically necessary.