

<b>Case Number:</b>	CM14-0001743		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/18/2010
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 53-year-old male with date of injury of 07/18/2010. Per treating physician's report, 09/30/2013, which is a psychiatric report, the patient suffered an injury when he was struck as a pedestrian from behind by a van, immediately falling to ground, striking the asphalt with head and losing consciousness. The patient has no memory of the event or the subsequent measures taken. The patient was taken to the hospital for 6 days, most of it in ICU. The patient was diagnosed with scalp laceration, concussion, damage to right thumb, various neck and back injuries. The patient underwent 5 or so surgeries in his right thumb, left shoulder, and number of other procedures for lumbar spine. The patient also experienced severe headaches. The patient complains of problems with working, memory, and other cognitive deficits that resulted in causing him to feel sad and frustrated as well as anxiety, irritability, and depression. Under discussion, the treater indicates that the patient has secondary psychiatric condition, depressive disorder, cognitive disturbance, and personality changes as well as classic posttraumatic stress disorder symptoms and also agoraphobic and claustrophobic tendencies as well as compulsive behaviors. He recommended ongoing bi-monthly individual psychotherapy and ongoing medications of Cymbalta, Aricept, as needed lorazepam, and stimulant medication. He recommended trial change from Adderall to either Nuvigil or Provigil. He also recommended use of benzodiazepines at a minimum.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AMRIX ER 15MG QTY:90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with brain injury and chronic neck and low back pains. There is a request for Amrix, which is cyclobenzaprine extended release. Unfortunately, there were no reports describing use of this medication or prescription of this medication in any of the reports provided. There were a list of psychological and psychiatric reports from 2013 and also 2012. MTUS Guidelines do not support long-term use of cyclobenzaprine. Only short-term use is recommended, in fact, up to 4 days and no more than 2 to 3 weeks for treatment of acute flare-ups of chronic pain and spasm. In this patient, while the patient has a diagnosis of chronic neck and low back pain as well as traumatic brain injury, I cannot tell how long this medication has been used as none of the reports described this medication. Based on number prescribed, it would appear that the patient is given a month's supply and possibly for long-term use. Given the lack of any discussion regarding how this medication is being prescribed and how it is to be used, recommendation is for denial.

**Nuvigil 150mg QTY:30.00:** Overturned

**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).

**Decision rationale:** The Expert Reviewer's decision rationale: This patient presents with traumatic brain injury, memory difficulties, and daytime drowsiness. The treating physician wants the patient to switch from Adderall to Nuvigil. MTUS Guidelines are silent regarding this medication. However, ODG Guidelines state that this medication should be used with caution to help decrease daytime sleepiness caused by sleep apnea and brain injury. Review of the reports showed that this patient has a significant brain injury with hospitalization for a week, mostly in the ICU. The patient has memory loss, working memory difficulties, depression, and anxiety. The treating psychiatrist has recommended switching Adderall to Nuvigil so that there is less sedation. Recommendation is for authorization.