

Case Number:	CM14-0014584		
Date Assigned:	02/28/2014	Date of Injury:	10/20/2011
Decision Date:	07/03/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/05/2014

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 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 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:

Progress report dated 12/03/2013 documented the patient with complaints of back pain with occasional radiation to the leg, right greater than left. He has had extensive nonsurgical care including chiropractor, medications, therapy and injections without relief. Medications include: Oxycodone, Loratadine, Famotidine, Norco, Naproxen, Ibuprofen, Tramadol, Gabapentin, Me drol, Mobic, Nortriptyline. Objective findings on examination of the upper extremities reveal full range of motion bilaterally. Sensation to the right and left is intact to light touch. Examination of the lower extremities reveals positive straight leg raise at 50 degrees to the right. Hamstring tightness is present. Sensation is diminished on the right lateral foot. The left sensation is intact to light touch. Reflexes in Achilles tendon are 1+ on right and 2+ on left. Assessment: He has failed to improve despite nonsurgical care as mentioned. Psychiatric progress note dated 01/10/2014 documented the patient continues to be in a lot of pain. He sleeps for about nine hours. He has some side effects from Viibryd in the form of diarrhea. Assessment: Major depressive disorder. Plan: I decreased his Viibryd to 20 mg for seven days and then we will discontinue it and because he has been complaining of diarrhea I will start him on Fetzima 40 mg daily and Xanax 0.5 mg as needed for anxiety #30 and Nuvigil 150 mg daily. UR report dated 01/29/2014 denied the request for Fetzima to take place of Viibryd because it is not supported as it is even more likely to cause gastrointestinal side effects. The requested Fetzima was only recently approved by the FDA and does not have a long term track record of use as some of the available Serotonin and norepinephrine reuptake inhibitors. The request for Nuvigil as an adjunct to the treatment for depression is not FDA approved and is not recommended for long-term use in this case. The request for Xanax was denied because the documentation does not indicate exceptional factors consider the request as an outlier to the guidelines. Additionally, the

documentation indicates a diagnosis of major depressive disorder for which Benzodiazepines are not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

FETZIMA 40 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Fetzima is a new SNRI (Serotonin Norepinephrine Reuptake Inhibitor) that was only recently approved by the FDA. However, there are older SNRI antidepressants i.e. Cymbalta, which have been FDA approved for the treatment of depression and anxiety, and has been used for neuropathic pain and back pain. Therefore, the request for Fetzima is not medically necessary.

XANAX 0.5 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. The guidelines states Benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the medical records do not document current subjective complaints, objective findings/observations, and an active diagnosed anxiety disorder. Moreover, the patient is diagnosed with major depression (on Nortriptyline), for which benzodiazepines are not recommended. Therefore, the medical necessity of the Xanax is not established and is not medically necessary.

NUVIGIL 150MG #30: Upheld

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

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: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. Nuvigil is a controlled substance and not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. (Tembe, 2011) where it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. There is no indication for its use in this case and thus is not medically necessary.