

<b>Case Number:</b>	CM14-0114552		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/19/1998
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 67-year-old male who reported an injury on 03/19/1998. The mechanism of injury was not submitted for clinical review. The diagnoses included PTSD, anxiety, depression. The previous treatments included medication and psychiatric sessions. Within the clinical note dated 06/02/2014, it was reported the injured worker seemed to be doing better overall. The provider indicated the injured worker needed his psychotropic medications in a timely fashion. The provider indicated the injured worker needed ongoing psychiatric care and treatment to alleviate the effects of the industrial injury. A request was submitted for Klonopin for anxiety and Nuvigil. The Request for Authorization was submitted on 06/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Klonopin 0.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association Practice Guidelines, 2010 Benzodiazepines

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

**Decision rationale:** The request for Klonopin 0.5mg #60 is not medically necessary. The California MTUS Guidelines do not recommend Klonopin for long term use due to long term efficacy being unproven and there is risk of dependence. The guidelines also recommend the limited use of Klonopin to 4 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 06/2014, which exceeds the guidelines recommendation of short term use of 4 weeks. Therefore, the request is not medically necessary.

**Nuvigil 50mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Association Practice Guidelines, 2010 Dosing and Indications, Nuvigil, Micromedex, Truven, Health Analytic, 2012

**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 for Nuvigil 50mg #30 is not medically necessary. The Official Disability Guidelines do not recommend Nuvigil solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work disorder. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Clinical documentation submitted failed to indicate the injured worker is treated for excessive sleepiness caused by narcolepsy or shift work disorder. Therefore, the request is not medically necessary.