

Case Number:	CM14-0021377		
Date Assigned:	06/11/2014	Date of Injury:	06/13/2000
Decision Date:	07/14/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 62-year-old female was reportedly injured on June 13, 2000. The mechanism of injury is not listed in these records reviewed. The most recent note from the treating physician is dated June 9, 2014, and indicates that there are ongoing complaints of hand pain. The physical examination demonstrated that there was full range of motion of both extremities except for limited range of motion of both hands. There was a request for prescriptions of Soma and Nuvigil. Previous treatment includes use of wrist splints. A previous utilization management review dated February 4, 2014 did not recommend the request for Soma and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF SOMA 250 MG #90 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Carisoprodol (Soma).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Carisoprodol (Soma®), updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG), the medication Soma is not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. Concerning the injured employee's date of injury was over a decade ago this clearly appears to be prescribed for long-term usage. Therefore this request for Soma is not medically necessary.

1 PRESCRIPTION OF NUVIGIL 250 MG #30 WITH 3 REFILLS: 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 (Chronic), Armodafinil (Nuvigil), Updated June 10, 2014.

Decision rationale: According to the Official Disability Guidelines (ODG) the medication Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Nuvigil is not recommended solely to counteract sedation effects of narcotics. According to the medical record provided it appears that this is the reason this medication request was made. Therefore this request for Nuvigil is not medically necessary.