

Case Number:	CM14-0024306		
Date Assigned:	06/11/2014	Date of Injury:	11/16/2010
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/26/2014

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 Psychiatry, 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 is a 51 year old female with date of injury 11/16/2010. Date of UR decision was 2/13/2014. Mechanism of injury was a physical assault. Psychiatric progress report from 01/30/2014 documents that IW has been experiencing anxiety, sleeping problems, has flashbacks related to the incident. The diagnosis of Post Traumatic Stress Disorder is given to the IW. The medications being prescribed are Bupropion, Pristiq, Norco and Clonazepam. Psychiatric PR from 12/2/2013 indicates that IW suffers with pain and depression, socialization is improved. Suggests that she has utilized 16 sessions of Cognitive Behavioral Therapy so far. Report from 08/24/2013 suggests that the present medications are Viibryd, Latuda, Nuvigil, Xanax, Wellbutrin, and Zoloft. Report from 08/19/2013 suggests that Nuvigil has made a big difference with daytime fatigue and drowsiness. The diagnosis listed are PTSD and Major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 150 MG #30 WITH 1 REFILL,PER 02/03/2014 FORM #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OGD Pain Chapter (updated 01/07/14) Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Package Insert- Nuvigil.

Decision rationale: MTUS is silent regarding the use of Nuvigil. Per FDA guidelines "Nuvigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD)." The IW is not diagnosed with the above mentioned diagnosis (OSA or SWD) for which Nuvigil is currently FDA approved for. It appears that Nuvigil is being used as "Off label" for daytime fatigue and drowsiness. Nuvigil has risk for abuse and dependence. The request for Nuvigil 150 mg #30 with one refill is not medically necessary at this time as the IW does not have any diagnosis at this time which would warrant use of Nuvigil. The request is not medically necessary and appropriate.

RESTORIL 15 MG #30 WITH 1 REFILL, PER 02/03/2014 FORM. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2 ,Benzodiazepines Page(s): 24.

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

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. The guidelines do not recommend long term use of Benzodiazepines. Thus the request for Restoril 15 mg #30 with one refill is not medically necessary at this time.