

Case Number:	CM14-0030816		
Date Assigned:	06/20/2014	Date of Injury:	12/28/2007
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 Illinois. 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 57-year-old male who reported an injury on 12/28/2007 after he was pulling a camera out of a drain, which reportedly caused injury to his right elbow. The injured worker's treatment history included multiple surgical interventions to the shoulder, elbow, and wrist, physical therapy, multiple medications and psychological support. The injured worker's diagnoses included anxiety disorder and depressive disorder. The patient was evaluated on 02/24/2014. It was noted that the patient had been out of medications for approximately 2 months and had been very depressed and anxious with nausea complaints. It was documented that the patient lacked motivation and was easily exhausted. No objective findings were noted at that visit. The patient's medications included Escitalopram 20 mg #30, Mirtazapine 45 mg #30, Abilify 5 mg #30, Diazepam 10 mg #30, Lorazepam 2 mg #30, Nuvigil 150 mg #30, and Zolpidem 10 #mg, all once per day. A request for authorization form to refill medications was submitted on 02/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10 mg, QTY: 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: The requested Diazepam 10 mg quantity: 30 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient previously used this medication. The current documentation indicates that the patient has anxiety-related complaints that would benefit from medication usage. However, the clinical documentation fails to identify the effectiveness of this medication with previous usage. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information the appropriateness of the request cannot be determined. As such, the requested Diazepam 10 mg quantity: 30 is not medically necessary or appropriate.

Nuvigil 150 mg, QTY: 30: 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 Chapter, Nuvigil.

Decision rationale: The requested Nuvigil 150 mg quantity: 30 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has previously used this medication. California Medical Treatment Utilization Schedule does not specifically address this medication. Official Disability Guidelines recommend Nuvigil to assist with daytime sleepiness related to narcolepsy. The clinical documentation submitted for review does not provide any evidence of daytime somnolence that would benefit from this medication. Additionally, effectiveness of prior usage is not provided within the documentation. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Nuvigil 150 mg quantity: 30 is not medically necessary or appropriate.

Zolpidem 10 mg, QTY: 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 chapter, Insomnia Treatments.

Decision rationale: The requested Zolpidem 10 mg quantity: 30 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient was previously on this medication. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend Zolpidem as a pharmacological intervention for insomnia-related complaints caused by chronic pain. The

clinical documentation does not adequately address the injured worker's sleep habits to support the need for pharmacological intervention. Additionally, the clinical documentation fails to identify the effectiveness of previous use of this medication. Furthermore, the request as it is submitted does not specifically identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Zolpidem 10 mg quantity: 30 is not medically necessary or appropriate.