

Case Number:	CM14-0037918		
Date Assigned:	06/25/2014	Date of Injury:	04/25/2002
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/31/2014

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 Nevada. 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 64 year-old female who was reportedly injured on 4/25/2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 1/25/2014. Indicates that there are ongoing complaints of major depression. The physical examination demonstrated well-developed well-dressed well groomed appearing stated age. Walks with assistance of a cane. Florid speech with normal rate and volume, thought process linear and goal directed, thought content denies suicide/homicide ideation. Appropriate affect, mood is moderately depressed. Alert and oriented times 3 long/short term memory intact. Attention mildly impaired. No recent diagnostic studies are available for review. Previous treatment includes referral to mental health, medications, and conservative treatment. A request was made for Nuvigil 250 mg #30, Omega-3 1000 mg and was denied in the pre-authorization process on 3/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/nuvigil?druglabelid=2335>.

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) low back, Modafinil.

Decision rationale: The injured worker is a 64 year-old female who was reportedly injured on 4/25/2002. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 1/25/2014. Indicates that there are ongoing complaints of major depression. The physical examination demonstrated well-developed well-dressed well groomed appearing stated age. Walks with assistance of a cane. Florid speech with normal rate and volume, thought process linear and goal directed, thought content denies suicide/homicide idealization. Appropriate affect, mood is moderately depressed. Alert and oriented times 3 long/short term memory intact. Attention mildly impaired. No recent diagnostic studies are available for review. Previous treatment includes referral to mental health, medications, and conservative treatment. A request was made for Nuvigil 250 mg #30, Omega-3 1000 mg and was denied in the pre-authorization process on 3/11/2014.

Omega-3 1000MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 35 & 50.

Decision rationale: Omega-3 fatty acids are important from normal metabolism. The health benefits of supplementation appeared to be few if any. After review of the medical documentation provided and the above stated guidelines there is no objective or subjective findings in the physical exam or history that document the necessity of this medication. Therefore this request is not medically necessary and appropriate.