

<b>Case Number:</b>	CM14-0059304		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 Occupational Medicine, and is licensed to practice in Montana. 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 sustained an injury to the low back on October 20, 2011 while he was loading a battery into a car. He was initially treated conservatively with medications and physical therapy. He also had chiropractic treatments and a series of epidural steroid injections. None of these interventions proved helpful and on January 15, 2014 he had a L5-S1 microdiscectomy. Postoperatively he continues to have significant pain requiring ongoing medication and psychiatric referral for associated depression and anxiety. His psychiatrist has recommended Nuvigil 150 mg #30 and Xanax 0.5 mg #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150 mg, thirty count with no refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Armodafinil (Nuvigil).

**Decision rationale:** The MTUS does not specifically address Nuvigil. The ODG guidelines for Armodafinil (Nuvigil) note that it is not recommended solely to counteract sedation effects of

narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The medical records indicate that the primary treating physician requested medications required to keep him from going back into deep depression. No other specific rationale for the use of Nuvigil is documented. The medical records do not support use of Nuvigil within the ODG recommendations. The request for Nuvigil 150 mg, thirty count with no refills, is not medically necessary or appropriate.

**Xanax 0.5 mg, 45 count with no refills:** Upheld

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

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

**Decision rationale:** The MTUS, in the Chronic Pain Medical Treatment Guidelines state that benzodiazepines such as Xanax are not recommended for long-term use with most guidelines limiting use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The records reviewed indicate use of Xanax well beyond 4 weeks. The request for Xanax 0.5 mg, 45 count with no refills, is not medically necessary or appropriate.