MAXIMUS Federal Services

Case Number:	CM14-0084774		
Date Assigned:	07/21/2014	Date of Injury:	03/07/2002
Decision Date:	08/27/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 68 year old female who had a work related injury on 03/07/02. There is no documentation of mechanism of injury. The injured worker was followed for cervical spine stenosis, lumbar spine stenosis, and autoimmune connective tissue disorder and major depressive disorder. The most recent medical record submitted was dated 04/21/14, the injured worker presented distressed over non-approvals of medications (off Lunesta for one month, off Pristiq for two to three months, and now concerned about access to Nuvigil). Psychotherapy focused on not allowing this logistical complication to cause a self-esteem injury or worse lead to complete decompensation of her mood, given that she had been more comfortable in 01/14 on a well-established regimen. The remainder of the sessions focused on how to prevent further deterioration, given sleep was worse, now relying on diazepam but not awakening feeling rested, and now status post antidepressant discontinuation symptoms with light headedness and headaches since going off Pristiq. The injured workers mood was now more depressed since she was less resilient to other stressors including her niece's husband's recent medical problems. Her pain symptoms necessitate chronic sleep medication in her case given that sleep hygiene had not been adequate to manage her sleep disturbances. Physical examination, alert and oriented times four. Casual, cooperative, in control, steady gait, overweight, soft speech, mild psychomotor retardation, constricted affect, mood okay, denied suicidal ideation, no delusions, coherent judgment, and insider good. Prior utilization review on 05/15/14 Lunesta was modified to #30. Nuvigil 250mg #30 was non-certified. Diazepam 5mg was modified for weaning process. One psych treatment for up to six years was modified to one treatment up to six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #90: 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, Eszopicolone.

Decision rationale: The request for Lunesta 2 mg #90 is not medically necessary. Current evidence based guidelines do not support the request. Not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. Therefore medical necessity has not been established.

Nuvigil 250mg # 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, Armodafinil (Nuvigil).

Decision rationale: The request for Nuvigil 250mg # 30 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Prior utilization review for Nuvigil 250mg #30 was non-certified. Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. As such, medical necessity has not been established.

Diazepam 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

Decision rationale: The request for Diazepam 5mg is not medically necessary. The current evidence based guidelines do not support the request. Prior utilization review modified for weaning purposes. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Therefore medical necessity has not been established.

1 Psych treatment for up to 6 years: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress chapter, Office visits.

Decision rationale: The request for one psych treatment for up to six years is not medically necessary. The clinical documentation submitted for review does not support the request. This request is excessive in reference to the guidelines. Therefore medical necessity has not been established.