

Case Number:	CM14-0097213		
Date Assigned:	07/28/2014	Date of Injury:	09/30/1994
Decision Date:	09/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/25/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 9, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and adjuvant medications. In a Utilization Review Report dated June 3, 2014, the claims administrator failed to approve a request for Nuvigil, gabapentin, and duloxetine. The claims administrator did allude to the applicant's having issues with psychosis. The claims administrator did, furthermore, allude to the applicant's having been hospitalized with a psychotic break at an earlier point in 2014. The claims administrator stated that the attending provider's documentation did not support the need for the medications in question. The applicant's attorney subsequently appealed. In a progress note dated January 3, 2014, the applicant was described as having chronic low back pain status post failed lumbar fusion surgery. Anxiety and depression were noted. The applicant was permanent and stationary, it was stated. A lumbar support was also sought. There was no discussion of medication efficacy. The attending provider stated that unspecified medications were proving beneficial here, but did not elaborate on as to what improvements had specifically been achieved. In a handwritten note dated January 21, 2014, the applicant apparently stated that her hearing voices had increased. The applicant was reportedly thinking of hurting herself, it was stated. The applicant had a history of suicidal attempts, it was stated, one of which was recently prevented by her grandson. On January 31, 2014, it was suggested that the applicant was in the process of being discharged from a mental health facility, once outpatient treatment was secured/established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Nuvigil Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well-informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. The Food and Drug Administration (FDA) notes that Nuvigil is used to improve wakefulness in adults who are sleepy owing to diagnosed sleep disturbances such as narcolepsy, obstructive sleep apnea, and/or shift work disorder. In this case, however, there is no evidence that the applicant carries any of the aforementioned diagnoses. There was no mention of issues with narcolepsy, sleep apnea, or shift work disorder on any of the referenced progress notes. No rationale for selection and/or ongoing usage of Nuvigil was proffered by the attending provider. The provided progress notes seemingly made no mention of the rationale for ongoing usage of Nuvigil. Therefore, the request is not medically necessary.

Gabapentin 300mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19.

Decision rationale: As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function with the same. In this case, however, the attending provider has not outlined any tangible or material reductions in pain or improvements in function achieved as a result of ongoing gabapentin usage. The fact that the applicant is permanent and stationary and not working, however, does suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing gabapentin usage. Therefore, the request is not medically necessary.

Duloxetine HCL 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Antidepressants Page(s): 15-16.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, it often takes "weeks" for antidepressants to exert their maximal effect. In this case, the applicant does have issues with depression. The applicant did attempt suicide on several occasions. Continuing duloxetine, then, appears to be more appropriate than discontinuing the same, as it may take further time for duloxetine (Cymbalta) to exert its maximal effect. Therefore, the request is medically necessary.