

Case Number:	CM13-0067536		
Date Assigned:	01/03/2014	Date of Injury:	05/27/2009
Decision Date:	01/02/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/18/2013

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 and Florida. 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 patient is a year 59 old female who was injured on 5/27/2009. The diagnoses are left shoulder, knee, wrist and low back pain. There is associated diagnosis of depression, anxiety and opioid induced daytime sleepiness. The past surgery history is significant for lumbar spine microdisectomy in 2011. The EMG was normal. The patient completed PT and home exercise program. On 8/19/2013, [REDACTED] recommended sleep study to assess apnea and a change from Norco to Butrans patch. The patient was utilizing opioids, Motrin, Nuvigil and Soma. The UDS dated 6/19/2013 showed the presence of opioids and benzodiazepines. The pain score was reported as 2/10 on a scale of 0 to 10. The patient was able to walk 1 mile. There were objective findings of lumbar muscle spasm and discomfort. The neurological and range of motion examinations was reported as normal. On 12/4/2013 there was subjective complaint of increased daytime sleepiness, mistakes at work, worsening sleep apnea and sleepiness while driving. The patient requested epidural injections to help in decreasing her medication utilization. A Utilization Review determination was rendered on 12/12/2013 recommending non certification for Nuvigil 150mg #30

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 150MG #30 1 PO QD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TREATMENT FOR WORKERS COMPENSATION, ONLINE EDITION CHAPTER, PAIN

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

Decision rationale: The CA MTUS did not address the use of respiratory stimulants. The ODG guidelines recommend that the first step in the treatment of chronic opioid associated somnolence and daytime sedation is reduction in opioid dosage. The records indicate that the patient is utilizing multiple opioids and other sedatives including Soma and benzodiazepines. The patient had a history of sleep apnea that is significantly worsened by the use of multiple sedatives. The Soma is metabolized to meprobamate, an anesthetic with sedative and addictive properties. The chronic use of opioids is associated with tolerance, dependency, sedation, addiction, and adverse interaction with other sedatives. The guidelines recommend dose reduction or discontinuation of opioids and concurrent sedatives. The criteria for the use of Nuvigil 150mg #30 was not met.