

Case Number:	CM14-0129483		
Date Assigned:	08/18/2014	Date of Injury:	08/29/1997
Decision Date:	02/19/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female with a date of injury of 8/29/97. The mechanism of injury is unknown. She is being treated for chronic pain due to RSD, depression and anxiety. Subjective findings on 7/10/14 include stress anxiousness, daily fatigues and sleepiness from stress. Objective findings include anxious appearing, well dressed. Previous treatment have included psychological therapy, psychiatric therapy and medications (Xanax, BuSpar, Nuvigil, Wellbutrin). The previous Utilization Review on 7/31/14 has found the request for Nuvigil 250mg #30 to be non-certify due to lack of documentation of objective clinical improvements from taking this medication to justify its continued use. The request for Wellbutrin SR 150mg #30 to be non-certify due to lack of documentation of clear clinical indications. The request for Xanax 1mg #75 to be non-certify due to long term use and lack of clear objective evidence why she cannot lower her dose.

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 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) Armodafinil (Nuvigil); UpToDate.com, Armodafinil.

Decision rationale: Nuvigil is the brand name version of armodafinil, which is a Central Nervous System Stimulant. MTUS is silent regarding armodafinil, so other guidelines were utilized. ODG states regarding Armodafinil, "Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil." There is no evaluation to substantiate a diagnosis of narcolepsy or shift work sleep disorder. The patient is diagnosed with anxiety and presumed depression. Per UpToDate, Armodafinil is used for the treatment of Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS), and Shift work sleep disorder (SWSD). UpToDate additionally states armodafinil is used as a "first-line adjunctive therapy for the treatment of excessive daytime sleepiness that persists in patients with OSA who have no alternative causes of sleepiness and who have had an adequate response to conventional therapy". Medical records do not substantiate the diagnosis of narcolepsy, OSAHS, SWSD. As such, the request for Nuvigil 250mg #30 is not medically necessary.

Wellbutrin SR 150mg #30: 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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: MTUS chronic pain guidelines specifically address bupropion in its text. "Wellbutrin SR (Bupropion) is a Dopamine/Norepinephrine-Reuptake Inhibitor antidepressant. Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies in a small trial (41 patients). (Finnerup, 2005) While bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. (Katz, 2005) Furthermore, a recent review suggested that bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI. (Dworkin, 2007) Side-effect profile: Headache, agitation, insomnia, anorexia, weight loss Dosing Information: Neuropathic pain (off-label indication): 100 mg once daily, increase by 100 mg per week up to 200 mg twice daily. (Maizels, 2005)"The medical records fail to document the clinical indication for this medication. There is no clear documentation of neuropathic pain. Also, there is a presumed diagnosis of depression but this is not clearly stated. As such the request for Wellbutrin SR 150mg #30 is not medically necessary.

Xanax 1mg #75: 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 Benzodiazepines Page(s): 24.

Decision rationale: Xanax is a benzodiazepine. MTUS states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks."Records indicate that the patient has been on Xanax far in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for way this patient should continue to be on Xanax. It is unclear from the records how often she is taking it. If she is taking it daily, then weaning may be reasonable. As such, the request for Xanax 1mg #75 is not medically necessary.