

<b>Case Number:</b>	CM14-0201731		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/06/2009
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 42-year-old male with a date of injury of March 6, 2009. According to treatment report dated October 23, 2014, the patient presents for a psychiatric follow up visit. The patient is being followed for anxiety and depression associated to a work-related injury. The physician states that the patient is on a complex psychiatric medication regimen that is presently controlling his symptoms. He also suffers from chronic pain and has recently developed severe chest pains. His psychiatric medications include Latuda 40mg, Lexapro 10mg, Clonazepam 0.5mg, Nuvigil 250mg, and Levitra 20mg. According to primary treating physician report dated September 10, 2014, the patient is participating in a functional restoration program. He has been participating in physical therapy and is exercising on the treadmill. He's tolerating his medications well and has not shown any aberrant behaviors. Physical examination revealed a limited left shoulder range of motion and tenderness on palpation to the left anterior and posterior shoulder. The listed diagnoses are chronic intractable left shoulder pain, chronic pain syndrome and major depressive disorder. Patient was instructed to continue with the function restoration program and a refill of Norco was dispensed. The current request is for Clonazepam 0.5mg and Nuvigil 250mg. Utilization review denied the request on November 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clonazepam 0.5mg #60:** 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:** This patient presents with chronic pain syndrome and major just press of disorder. The current request is for Clonazepam 0.5mg #60. The MTUS Guidelines page 24 states, "Benzodiazepines are 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 actions 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." The medical records indicate that the patient has been utilizing the medication Clonazepam since at least 2/13/14. Benzodiazepines are not recommended for long term use and most guidelines limit use to 4 weeks. The requested Clonazepam IS NOT medically necessary.

**Nuvigil 250mg #30:** 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:** 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:** This patient presents with chronic pain syndrome and major just press of disorder. The current request is for Nuvigil 250mg #30. The ODG Guidelines under its pain section has the following regarding Nuvigil, "Not recommended solely to counter sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work disorder." ODG's indication for this medication is for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The treating physician states that the patient has anxiety, depression and chronic pain and has prescribed Nuvigil since at least 2/13/14. In this case, this patient does not meet any of the indications for this medication. The requested Nuvigil IS NOT medically necessary.