MAXIMUS Federal Services

Case Number:	CM14-0203039		
Date Assigned:	12/15/2014	Date of Injury:	02/07/2013
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 Rehabilitation 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:

This is a 45 year old male with a work related injury dated 02/15/2008. Mechanism of injury was not noted in received medical records or in Utilization Review report. According to an evaluation dated 11/19/2014, the injured worker presented with neck pain radiating to the right shoulder, to his forearm, and into his hand. Diagnoses included cervical myofascial tension, cervical intervertebral disc extrusion at C5-C6 and C7-C8, cervical spondylosis, right shoulder impingement, chronic migraine headaches, depression and anxiety, and sleep disorder associated with chronic pain. Treatments have consisted of epidural steroid injections, independent exercise program, and medications. The treating physician stated the Propranolol has reduced the severity of pain induced anxiety. According to an evaluation dated 09/12/2014, the Nuvigil is to quiet loss of focus and concentration from disturbed sleep from his chronic pain which has mitigated his symptoms by over 50%. Diagnostic testing included right shoulder MRI dated 08/23/2013 which revealed small acromioclavicular joint effusion without hypertrophic changes. Work status is noted as permanent and stationary. On 11/21/2014, Utilization Review non-certified the request for Proranolol (Propranolol) 40mg and Nuvigil 150mg citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated the injured worker was stated to be prescribed Propranolol for anxiety disorder due to chronic pain and according to both MDGuidelines and EMedicine, the use of Propranolol is not indicated for the treatment of anxiety disorder. In regards to the Nuvigil, it was stated to be prescribed for a sleep disorder associated with chronic pain but there is no elaboration regarding what type of sleep disorder or prior treatment for this. According to the Official Disability Guidelines, Nuvigil is only indicated for narcolepsy or sleep disorder secondary to shift work. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Proranolol 40 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Burn Treatment, page 64.

Decision rationale: California MTUS Guidelines are silent on use of Propranolol in the treatment of pain induced anxiety; however, ODG does recommend this strong anabolic drug for use during early, hypercatabolic period after a burn injury as it lessens the hypermetabolism and reverses muscle-protein catabolism, not identified here. Submitted reports have not adequately demonstrated any specific clinical findings, ADLs limitations, or failed first-line treatment of anxiety for use of Propranolol in the patient's listed diagnoses nor document any specific functional improvement from previous treatment rendered with chronic unchanged symptoms to establish medical indication or necessity outside guidelines recommendations. The Propranolol 40 mg is not medically necessary and appropriate.

Nuvigil or Amodafin 150 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Armodafinil (Nuvigil), page 666

Decision rationale: Official Disability Guidelines (ODG) does not recommend Nuvigil medication solely to counteract sedation effects of narcotics, but may be an option for use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Nuvigil it is not recommended for narcotics sedation until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or ADLs limitations for use of Nuvigil in the patient's listed diagnoses nor document any functional improvement from previous treatment rendered with chronic unchanged symptoms to establish medical indication or necessity outside guidelines recommendations. The Nuvigil or Armodafinil150 mg is not medically necessary and appropriate.