

Case Number:	CM14-0204184		
Date Assigned:	12/16/2014	Date of Injury:	05/01/1998
Decision Date:	02/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/05/2014

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 Family Practice, 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 was injured at work on 5/1/1998. She is requesting review of denial for the following medications: Ativan 0.5 mg #90 with 1 Refill and Nuvigil 150 mg #15 with 1 Refill. Medical records are provided for review and corroborate ongoing care for this patient. The Primary Treating Physician's Progress Reports indicate that the patient has longstanding diagnoses which include: Major Depression, Recurrent, Moderate; Generalized Anxiety Disorder; and Pain Disorder Associate with both Psychological Factors and a General Medical Condition. Her medications have included the use of Cymbalta 90 mg QAM, Ativan 0.5 mg TID/PRN and Nuvigil 75 mg QAM/PRN. In the Utilization Review process it was noted that the patient was provided with a retrospective request for Ativan 0.5 mg for weaning purposes in 5/2013. It was also noted in a prior review that the treating physician's nurse practitioner confirmed that Provigil was utilized for fatigue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5 mg, ninety count with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines. These guidelines state the following: 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 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. In this case, it is clear that the patient has been on Ativan, a benzodiazepine, well beyond the 4-week recommendations. Further, that there was a prior effort in 2013 to recommend a weaning program to address dependence on this medication. Under these conditions the use of Ativan is not considered as a medically necessary treatment.

Nuvigil 150 mg, fifteen count with one refill: Upheld

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

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

Decision rationale: The MTUS Guidelines are silent on the use of Nuvigil. However, the Official Disability Guidelines (ODG) do comment on its use. The ODG state the following: Nuvigil (Armodafinil) is 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. It is not recommended solely to counteract sedation effects of narcotics 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. Recently Cephalon produced a campaign advertising Nuvigil's ability to help shift workers stay alert on the job without impeding their ability to sleep during the day. The FDA is conducting an investigation into the possibility that this advertising or promotional information may have violated current regulations. In this case, prior documentation indicates that Nuvigil was being used for the treatment of fatigue. There is no further evidence in the medical records to provide a rationale for its ongoing use. Based on the information provided by the ODG, Nuvigil is not considered as a medically necessary treatment.