

Case Number:	CM15-0102446		
Date Assigned:	06/04/2015	Date of Injury:	09/02/2008
Decision Date:	12/04/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/28/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 54 year old male, who sustained an industrial injury on September 2, 2008, incurring lower back neck injuries. He was diagnosed with lumbar disc herniation, sciatica, and neck sprain, rotator cuff rupture, and ulnar nerve lesion. Treatment included pain medications, sleep aides, anti-inflammatory drugs, topical analgesic patches, proton pump inhibitor, neuropathic medications, antidepressants, steroid injections and activity restrictions. Currently, the injured worker complained of persistent pain in his back, neck, elbow and shoulder. He noted difficulty sleeping, sleep apnea, dry mouth, difficulty breathing, gastritis, and constipation. He developed increased anxiety and depression secondary to his chronic pain. The treatment plan that was requested for authorization included prescriptions for Nuvigil 150g #30 with 2 refills, Venlafaxine XR 7.5g #90 with 2 refills and Xanax 0.5g #120 with 2 refills. On April 20, 2015, a request for prescriptions Nuvigil, Venlafaxine and Xanax was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150g #30 with 2 refills: 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) Work Loss Data Institute, www.odg-twc.com, Section: Pain (Chronic).

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

Decision rationale: CA MTUS does not specifically address Nuvigil. ODG was referenced. Nuvigil is indicated to improve wakefulness in cases of excessive sleepiness associated with obstructive sleep apnea (OBA). In this case the etiology of severe daytime somnolence is unclear. The patient does not appear to have OSA. The patient is taking Xanax 0.5 mg QID which has a known side effect of sedation. In addition, there is no diagnosis of narcolepsy or shift work, which are also recommended uses for Nuvigil. The patient has a complaint of difficulty sleeping, which may be related to use of Nuvigil. Therefore, based on the above, the request is not medically necessary or appropriate.

Vanlafaxine XR 7.5g #90 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, www.odg-twc.com, Section: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Venlafaxine (Effexor).

Decision rationale: Ca MTUS Guidelines state that Venlafaxine (Effexor) is an antidepressant in the SNRI category that is indicated in the treatment of depression, generalized anxiety disorder, panic disorder and social anxiety disorder. It is also a first-line agent for neuropathic pain. In this case, the patient has a documented history of anxiety, depression and chronic pain which are all indications for treatment with Venlafaxine 75 mg XR. Therefore the request is medically necessary and appropriate.

Xanax 0.5g #120 with 2 refills: 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) Work Loss Data Institute, www.odg-twc.com, Section: Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS Guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. In this case, the use of Xanax has exceeded guidelines. Taking benzodiazepines with opioids may be particularly dangerous to drug interaction. Benzodiazepines are also a major cause of drug overdose. The patient does complain of anxiety, which is an indication for short-term use.

However the patient is also taking Venlafaxine, which is indicated for anxiety. An increased dose of Venlafaxine is a much safer alternative than continuation of Xanax. In addition the patient's daytime somnolence may be secondary to the Xanax 0.5 mg QID usage. therefore, for the reasons above, the usage of Xanax is not medically necessary or appropriate.