

Case Number:	CM15-0103952		
Date Assigned:	06/08/2015	Date of Injury:	12/22/2012
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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 59 year old male, who sustained an industrial injury on 12/22/2012. He reported multiple incidents of assault on different occasions at work causing multiple concussions with the most recent assault causing altered consciousness, dizziness, and nausea. The injured worker was diagnosed as having adjustment disorder with anxiety, depression, insomnia, cognitive disorder not otherwise specified, aspects of post-traumatic stress disorder, breathing-related sleep, and post-concussion. Treatment and diagnostic studies to date has included psychotherapy, medication regimen, exercise at a gym, and use of a continuous positive airway pressure device. In a progress note dated 04/22/2015 the treating physician reports that an examination performed on 04/15/2015, the injured worker continued to have difficulty with sleep. The treating physician noted that the injured worker rotates the medication regimen of Olanzapine (Zyprexa) and Trazadone and continues to take Modafinil daily, but the progress note did not indicate if there was any improvement of sleep with the use of these medications. The treating physician requested the medications of Modafinil 200mg with a quantity of 30 with 3 refills with a total quantity of 120 and Zyprexa 2.5 MG with a quantity of 60 with 3 refills with a total quantity of 240 noting current use of these medications for assistance with sleep as indicated above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil 200 MG #30 with 3 Refills Qty 120: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PDR, provigil.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested services. The physician desk reference states the requested medication is indicated in the treatment of narcolepsy, shift work disorder and excessive daytime somnolence disorder. The patient does not have any of these primary diagnoses associated with industrial incident. Therefore the request is not certified. Therefore, the requested treatment is not medically necessary.

Zyprexa 2.5 MG #60 with 3 Refills Qty 240: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, zyprexa.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested services. The physician desk reference states the requested medication is indicated in the treatment of major depression, schizophrenia and bipolar disorder. The patient has the diagnosis of depression and therefore the request is certified. Therefore, the requested treatment is medically necessary.