

Case Number:	CM15-0108394		
Date Assigned:	06/15/2015	Date of Injury:	08/11/1998
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 53-year-old who has filed a claim for major depressive disorder (MDD), generalized anxiety disorder (GAD), and psychological stress reportedly associated with an industrial injury of August 11, 1998. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve a request for Lunesta, Valium, and Nuvigil while apparently approving a request for sertraline (Zoloft). The claims administrator referenced an April 22, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 17, 2015, the applicant was asked to consult a pain management physician and an addiction medicine specialist owing to ongoing complaints of low back and tooth pain. Permanent work restrictions were renewed. Permanent work restrictions were renewed. The applicant was having difficulty ambulating, it was reported. Large portion of the files were difficult to follow and not entirely legible. The applicant's pain complaints were described as 8/10, constant, unchanged despite ongoing usage of Dilaudid. In a RFA form dated April 6, 2015, Norco and Soma were renewed. On January 29, 2015, the applicant was apparently asked to continue Dilaudid, morphine, and Soma. The applicant had ongoing issues with chronic low back pain status post earlier failed spine surgery, it was reported, superimposed on issues with depression and anxiety. The bulk of the notes on file were notes from the applicant's pain management physician. On April 22, 2015, however, the applicant apparently followed up with a psychiatrist. The attending provider also sought authorization for a Spanish-speaking interpreter towards the bottom of the report, somewhat interestingly. Multiple medications were renewed, including Prozac, Xanax, Ambien, Lunesta, Zoloft, Valium, Nuvigil, without any seeming discussion of medication efficacy. Portions of the note were highly

templated. Other portions of the note employed preprinted checkboxes and suggested that the applicant still had symptoms of decreased energy, depression, lack of motivation, restlessness, tension, agitation, and bruxism. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, one every night at bedtime for sleep 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), Pain Chapter, Insomnia Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Mental Illness & Stress, Eszopicolone (Lunesta).

Decision rationale: No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into its choice of pharmacotherapy. Here, the attending provider's April 22, 2015 note was thinly and sparsely developed, and difficult to follow, not entirely legible, did not clearly state why the applicant was using so many different sedative and/or anxiolytic medications, including Lunesta, Valium, Xanax, and Ambien. ODG's Mental Illness and Stress Chapter Eszopiclone topic also notes that Lunesta is not recommended for long-term use purposes but, rather, should be reserved for short-term use purposes. The request for continued usage of Lunesta in conjunction with Xanax, Ambien, and Valium, thus, ran counter to both MTUS and ODG principles and parameters. Therefore, the request is not medically necessary.

Valium 5mg, one two (2) times per day for anxiety with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The request for Valium, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guidelines in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the request for continued usage of Valium at a rate of twice daily with two refills implies chronic, long-term,

and scheduled usage of the same, i.e, usage incompatible with the short-term relief for which anxiolytics are espoused, per ACOEM Chapter 15, page 402. As with the preceding request, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of so many different sedative and/or anxiolytic medications, including Valium, Xanax, Lunesta, Ambien, etc. Therefore, the request was not medically necessary.

Nuvigil 50mg, one every day before noon for wakefulness 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), Pain Chapter, Armodafinil (Nuvigil).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Armodafinil (Nuvigil).

Decision rationale: Finally, the request for Nuvigil was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into its choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's handwritten progress note of April 22, 2015 was difficult to follow, thinly developed, sparse, not entirely legible, and did not clearly state for what issues, diagnosis, and/or purpose Nuvigil (armodafinil) was being employed. It did appear likely that the applicant was using Nuvigil to ameliorate issues with benzodiazepine-induced and/or opioid-induced sedation. The applicant was using a variety of opioid and benzodiazepine agents, including Dilaudid, morphine, Valium, Xanax, etc. ODG's Chronic Pain Chapter Armodafinil topic notes, however, that Nuvigil is not recommended for the purposes of countering the sedating effects of other medications. Therefore, the request is not medically necessary.