MAXIMUS Federal Services

Case Number:	CM15-0147803		
Date Assigned:	08/10/2015	Date of Injury:	05/14/2005
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/29/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 58 year old male who sustained an industrial injury on 5-14-05 when he apprehended a shop lifter causing him to hit his right shoulder on a glass window, fall and land on his right side with the shop lifter on top of him. The injured worker was then bitten in the right wrist by the shop lifter. He had immediate pain in the right shoulder and was sent for medical evaluation. He was treated for a human wrist bite, referred to an orthopedic surgeon, placed on modified duty, given medications, physical therapy and an MRI. He had cortisone injections with no relief and then underwent right shoulder surgery on 7-31-06. The injured worker developed poor vision and eventual blindness as a complication of anesthesia during the surgery (per 1-15-15 note). In 2007 he fractured his left ankle when he missed a step. He currently complains of restlessness, excessive worry, tension, jumpiness, weight changes, decreased energy, shaking, shortness of breath, palpitations, and sleep disturbances. Industrial medications were Norco, trazadone, Wellbutrin, alprazolam, omeprazole, zolpidem. There were no drug screens or opioid agreements noted. Diagnoses were depression; rotator cuff tear with acromioclavicular joint arthrosis, right; impingement syndrome, right shoulder; status post arthroscopy, Mumford procedure, right; chronic sprain right wrist; legally blind, secondary to bilateral ischemia optic neueropathy; left ankle sprain; insomnia; opioid induced constipation; diabetes; sleep apnea. Treatments to date include medications; physical therapy; chiropractic treatments. On 7-7-17 the treating provider requested Ambien CR 12.5mg #30; Xanax 0.5mg #60; Nuvigil 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien cr12.5mg #30: 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), 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm.

Decision rationale: According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency." Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the prescription of Prospective request for 1 prescription of Ambien cr12.5mg #30 is not medically necessary.

Xanax 0.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is a report of anxiety and depression and the use and failure of antidepressant was not documented. There is no recent characterization of the patient sleep issues and the need of Xanax is unclear. Therefore the use of Xanax 0.5mg #60 is not medically necessary.

Nuvigil 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Black, J. E., et al. (2010). "The long-term tolerability and efficacy of armodafinil in patients with excessive sleepiness associated with treated obstructive sleep apnea, shift work disorder, or narcolepsy: an open-label extension study." J Clin Sleep Med 6(5): 458-466.

Decision rationale: MTUS guidelines are silent regarding the use of Nuvigil. Armodafinil (Nuvigil) is indicated to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is not recommended to neutralize the sedative effect of narcotics (The sleepiness is most likely related to the use of opioids.). According to the patient file, there is no documentation of sleepiness from shift work disorder and narcolepsy. Therefore, Nuvigil 150mg #30 is not medically necessary.