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| Case Number: | CM15-0148533 | | |
| Date Assigned: | 08/11/2015 | Date of Injury: | 08/10/2000 |
| Decision Date: | 09/09/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/30/2015 |

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 50 year old male who sustained an industrial injury on 08-10-00. Initial complaints and diagnoses are not addressed. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include head, neck, right shoulder and hip, and bilateral low back pain. Current diagnoses include major depression, general anxiety, chronic pain, attention deficit, sleep disorder, and sleep apnea. In a progress note dated 06-18-15 the treating provider reports the plan of care as medications including Nuvigil, Xanax, Silenor, and Zoloft. The requested treatments include Nuvigil and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference Drug Summary.

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 use to treat excessive sleepiness caused by narcolepsy or shift work disorder. According to the patient's file, there is no documentation of sleepiness from shift work disorder and narcolepsy; however, the patient has been diagnosed with sleep apnea but there is no evidence that a sleep study was performed. Therefore, the request for Nuvigil 150mg #30 with 1 refill is not medically necessary.

Xanax 1mg #30 with 1 refill: Upheld

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

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. In this case, the use and failure of antidepressants was not documented. Therefore, the use of Xanax is not medically necessary.