

Case Number:	CM15-0166157		
Date Assigned:	09/03/2015	Date of Injury:	07/22/2012
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/24/2015

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

Certification(s)/Specialty: Emergency 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 37 year old female with an industrial injury dated 07-02-2012, documented as a traumatic brain injury. Her diagnosis included traumatic brain injury, post concussive syndrome, chronic daily headaches, potential history of complex partial seizures disorder and cervical myofascial pain. Prior treatment included Botox, medications, occupational therapy, physical therapy and speech therapy. She presents on 08-07-2015 with increasing headaches. The provider documents the injured worker had great response to Botox neurolysis for chronic daily headaches. The provider documented the injured worker still has the abnormal dentition and bruxism of grinding of her teeth which keeps her up at night. She had an emergency room visit and was found to have a dental abscess and was in the process of getting it removed. She also complained of neck pain radiating into her right upper extremity. Physical exam noted tenderness to palpation in the posterior cervical paraspinal. There was restricted range of motion, rotation and side bending. There was tenderness noted throughout the jaw. Affect and mood are documented as flat and congruent respectively. There was poor processing of information with forgetfulness. Her medications included Adderall, Tylenol # 3 and Zofran as needed. The treatment request included: 1 prescription for Nuvigil 200 mg, 1 Year coverage for Botox 200 units every 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Year coverage for Botox 200 units every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head: Botulinum toxin for tension headache.

Decision rationale: MTUS Chronic pain section of Botulinum toxin does not relate to headache complaints. Despite claims of claimed benefit from prior Botox injection, as per Official Disability Guidelines, botox for tension headaches are not recommended. Patient has constant daily headaches, which are not consistent with migraines and would not have met guideline criteria either. Botulinum toxin injection for 1 year is not medically necessary.

1 prescription for Nuvigil 200mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Colorado Division of Workers' Compensation. Traumatic brain injury medical treatment guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain: Armodafinil (Nuvigil) and Other Medical Treatment Guidelines Joshua Cantor, Teresa Ashman, Tamara Bushnik, et al. Systematic Review of Interventions for Fatigue After Traumatic Brain Injury: A NIDRR Traumatic Brain Injury Model Systems Study. Journal of Head Trauma Rehabilitation. November/December 2014 - Volume 29 - Issue 6 - p 490-497.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Nuvigil is not recommended. It is FDA approved for excessive sleepiness caused by narcolepsy or shift work sleep disorder. Review of literature shows continued controversy on use of medications like Nuvigil for attention or memory for patients with head injury. In fact, data shows modafinil (a medication closely related to Nuvigil) was not effective. Patient is already on Adderall another stimulant and in addition, nuvigil commonly causes headaches which may exacerbates patient's chronic headaches. Nuvigil is not medically necessary.