

Case Number:	CM15-0192141		
Date Assigned:	10/09/2015	Date of Injury:	11/17/2005
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/30/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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:

This is a 69 year old male with a date of injury on 11-17-05. A review of the medical records indicates that the injured worker is undergoing treatment for neck and back pain, urinary incontinence and psychological symptoms. Progress report dated 8-27-15 reports low back pain, neck pain and constant gluteal pain. He has mid back discomfort and right neck and shoulder paresthesias daily. MRI of lumbar spine done 7-20-15 showed L1, 2 intramedullary lesion and multi level degenerative changes. He reports an episode of disorientation a week ago. He has dizziness and headaches nearly daily. Objective findings: no confusion, normal affect, upper extremities, lower extremities and grip strength all 5 out of 5. According to the medical records the injured worker has been taking Nuvigil at least since 1-8-14. Request for authorization 8-31-15 was made for Myrbetriq 25 mg quantity 120 and Nuvigil 750 mg quantity 120. Utilization review dated 9-17-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mybetriq 25mg #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Mybetriq drug information.

Decision rationale: The MTUS is silent regarding the use of Mybetriq for overactive bladder. According to uptodate.com, Mybetriq is used for the treatment of overactive bladder (OAB) with symptoms of urinary frequency, urgency, or urge urinary incontinence. In this case the documentation doesn't note that the patient has urinary incontinence due to overactive bladder. Furthermore the efficacy of Mybetriq is not documented. The continued use of Mybetriq is not medically necessary.

Nuvigil 750mg 330 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com. Drug information Nuvigil.

Decision rationale: The MTUS is silent regarding the use of Nuvigil. According to Uptodate.com, Nuvigil is used in the treatment of narcolepsy, obstructive sleep apnea and shift-work disorder associated with excessive daytime sleepiness. The documentation does not support that the patient has had effective treatment of his symptoms with the use of Nuvigil. The continued use of Nuvigil is not medically necessary.