

Case Number:	CM15-0194698		
Date Assigned:	10/08/2015	Date of Injury:	09/01/2008
Decision Date:	11/17/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 9-1-08. The documentation on 9-9-15 noted that the injured worker has complaints of back pain with stiffness and radicular pain in right leg. Complaints of left shoulder pain with aching, tenderness and throbbing with numbness at night. The documentation noted that the severity of the condition is a 7 on a scale of 1 to 10 with being 10 being the worst. There is some weakness in the lower extremities, potentially associated with increased pain. Left shoulder flexion 40 degrees, abduction 30 degrees, extension full and significantly decreased internal and external rotation with pain. There is tenderness to palpation along the supraspinatous muscel and is walking with a cane. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included lumbar medial branch nerve blocks; physical therapy with benefits; the documentation noted that the injured workers medications are listed as actos; adroge; B-12 complex; cinnamon; clonazepam; cymbalta; flaxseed; gemfibrozil; glimeperide; invokana; levothyroxine; metformin; norco; nuvigil and pravastatin. Electromyography and nerve conduction velocity study indicated that the injured worker has radiculopathy. The original utilization review (9-25-15) non-certified the request for nuvigil 150mg (1 times per day) and B-12 complex 100mg (1 times per day).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg (1x per day): 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 (updated 9/8/15) Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 22.

Decision rationale: Nuvigil is indicated for excessive daytime sleepiness caused by narcolepsy or shift work. The claimant has difficulty staying awake during the day but does not have the mentioned history required to use Nuvigil. The claimant is on Ambien at night for difficulty sleeping. There is no indication from 2 medications that counteract each other. The Ambien likely causes some of the prolonged daytime sleep issues. Continued use of Nuvigil is not medically necessary.

B-12 Complex 100mg (1x per day): 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 (updated 7/15/15) Vitamin B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain guidelines and pg.

Decision rationale: According to the guidelines, Vitamin B is not recommended. In this case, there is no mention of anemia or low B levels. Although the claimant has fatigue, the cause may be multi-factorial and Vitamin B without known deficiency alone cannot provide benefit. The request for Vitamin B is not justified and not medically necessary.