

Case Number:	CM15-0195792		
Date Assigned:	10/09/2015	Date of Injury:	07/02/1999
Decision Date:	11/23/2015	UR Denial Date:	09/17/2015
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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 injured worker is a 61 year old female, who sustained an industrial injury on 07-02-1999. The injured worker was diagnosed as having major depression disorder, generalized anxiety disorder, and psychological factors affecting medical condition. On medical records dated 09-01-2015, the subjective complaints were noted as depression, decreased energy, difficulty staying asleep and feeling keyed up or on edge. Objective findings were noted as depressed facial expressions, visible anxiety and being soft spoken. Functional improvement was noted in regards to the injured worker became less depressed, nervous, having less pain, can sleep better, comprehend TV and spending less time in bed. Treatment to date included medication. Current medications were not listed on 09-01-2015. The Utilization Review (UR) was dated 09-17-2015. A Request for Authorization was dated 09-01-2015. The UR submitted for this medical review indicated that the request for Nuvigil 150mg one AM for wakefulness with 2 refills was non- certified, Ambien 10mg and Tramadol 50mg BID pain with 2 refills modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg one AM for wakefulness with 2 refills: 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 chapter - 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 (Chronic), Armodafinil (Nuvigil) and Other Medical Treatment Guidelines UpToDate.com, Armodafinil.

Decision rationale: Nuvigil is the brand name version of armodafinil, which is a Central Nervous System Stimulant. MTUS is silent regarding armodafinil, so other guidelines were utilized. ODG states regarding Armodafinil, "Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil." There is no evaluation to substantiate a diagnosis of narcolepsy or shift work sleep disorder. Per UpToDate, Armodafinil is used for the treatment of Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS), and Shift work sleep disorder (SWSD). UpToDate additionally states armodafinil is used as a "first-line adjunctive therapy for the treatment of excessive daytime sleepiness that persists in patients with OSA who have no alternative causes of sleepiness and who have had an adequate response to conventional therapy". Medical records do not substantiate the diagnosis of narcolepsy, OSAHS, SWSD. Additionally, the treating physician does not detail what "conventional" therapy has been tried and results of such trials. As such, the request for Nuvigil 150mg one AM for wakefulness with 2 refills is not medically necessary.

Ambien 10mg one QHS sleep with 2 refills: 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) Mental Illness and Stress chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as: "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do

not detail these components. As such, the request for Ambien 10mg one QHS sleep with 2 refills is not medically necessary at this time.

Tramadol 50mg BID pain with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram).

Decision rationale: Tramadol is classified as a central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. MTUS states "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Tramadol 50mg BID pain with 2 refills is not medically necessary.