

Case Number:	CM15-0038521		
Date Assigned:	03/18/2015	Date of Injury:	07/24/1995
Decision Date:	04/13/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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 52 year old male, who sustained an industrial injury on 7/24/1995. The current diagnoses are lumbar herniated nucleus pulposus at L1-L2, L4-L5 and L5-S1, L1 compression fracture, right knee internal derangement, C3-C4 and C4-C5 herniated nucleus pulposus with stenosis, and status post cervical decompression and fusion. Treatment to date has included medications and surgery. According to the progress report dated 1/27/2015, the injured worker complains of frequent mid back pain, rated 2/10 on a subjective pain scale. He also complains of frequent low back pain, rated 4-5/10, which radiates to the left lower extremity. He notes numbness and burning sensation as well as pins and needles in the left thigh. He reports intermittent right knee pain, rated 3/10. He also complains of intermittent pain in the neck that radiates to the bilateral upper extremities. The current medications are Morphine pump and Oxycodone. The current plan of care includes Clonazepam 0.5mg #120 and Nuvigil 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonazepam 0.5mg #120: 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 the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had noted pain and spasms but prolonged use of Temazepam is not indicated for these symptoms. In addition, the claimant had difficulties with sleep patterns for which he was given Nuvigil, which would have opposite effects as Temazepam. The continued use of Temazepam is not medically necessary.

Nuvigil 150mg #30: 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), Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and Nuvigil- pg 22.

Decision rationale: According to the guidelines, Armodafinil (Nuvigil) is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case, the claimant was not diagnosed with narcolepsy. The Temazepam use can cause sleepiness. The continued use of Nuvigil is not medically necessary.