

Case Number:	CM14-0138868		
Date Assigned:	09/05/2014	Date of Injury:	08/13/2004
Decision Date:	10/09/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/27/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59-year-old female who reported an injury on 08/13/2004. The mechanism of injury was not provided. On 02/24/2014, the injured worker presented with back pain. The diagnosis was cervical disc displacement. Prior therapy included an epidural steroid injection and medications. An epidurography performed revealed abnormal inflammatory epidural space in the C7. The diagnoses were displacement of the lumbar disc without myelopathy, dizziness and giddiness, head injury, headache, joint pain of the shoulder, lumbago and thoracic lumbosacral neuritis/radiculitis unspecified. The provider recommended Nuvigil and radiofrequency cervical medial branch at C2, C3 on the right side. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94.

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)

Decision rationale: The request for Nuvigil 50 mg with a quantity 60 is not medically necessary. The Official Disability Guidelines do not recommend Nuvigil solely to counteract sedation effects of narcotics. Nuvigil 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 Nuvigil and modafinil. The provider's rationale for the use of Nuvigil was not provided. The guidelines do not recommend Nuvigil to counteract sedation effects of narcotics, the medication would not be indicated. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, the medical necessity has not been established.

Radiofrequency Cervical Medial Branch at C2, C3 - TON Right Side: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter ,Facet joint radiofrequency neurotomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet Joint Diagnostic Block.

Decision rationale: The request for radiofrequency cervical medial branch at C2 and C3 on the right side is not medically necessary. California MTUS/ACOEM Guidelines state diagnostic and/or therapeutic injections may benefit an injured worker presenting in the transitional phase between acute and chronic pain. The Official Disability Guidelines further state that the criteria for the use of a diagnostic blocks include injured workers with pain that is nonradicular, no more than 2 joint levels injection in 1 session, failure of conservative treatment to include home exercise, physical therapy and NSAIDs prior to the procedure for at least 4 to 6 weeks. The provider noted the injured worker has had a previous epidural steroid injection and medications. There is lack of documentation of physical exam findings such as sensory examination, evidence of a Spurling's exam, motor strength testing and tenderness over the specific facets being requested for the injection in the documentation provided. Further information is needed to warrant the use of cervical medial branch block. As such, the medical necessity has not been established.