

Case Number:	CM14-0082675		
Date Assigned:	07/21/2014	Date of Injury:	03/25/2004
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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:

This is a male patient with the date of injury of March 25, 2004. A Utilization Review was performed on May 23, 2014 and recommended non-certification of 1 prescription of Nuvigil 250mg #30 between 5/13/2014 and 7/19/2014, 1 prescription of Tizanidine 4mg #30 between 5/13/2014 and 7/19/2014, and 1 prescription of Alprazolam 2mg #30 between 5/13/2014 and 7/19/2014. An Evaluation dated May 13, 2014 identifies Chief Complaint of lower back and left leg pain. Examination identifies gait favors left leg. Spine is tender. Discomfort with range of motion. Diagnoses identify failed back surgery syndrome, spinal cord stimulator, and pump. Plan identifies prescriptions for Alprazolam, Nuvigil, and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Nuvigil, California MTUS and ACOEM do not contain criteria for the use of Nuvigil, ODG states the Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the currently requested Nuvigil is not medically necessary.

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Tizanidine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically has been shown to be beneficial in the treatment of myofascial pain and as an adjunct to treat fibromyalgia. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine is not medically necessary.

Alprazolam 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Xanax (alprazolam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, it is unclear what diagnosis the Xanax is being prescribed to treat. There are no subjective complaints of anxiety or panic attacks. Furthermore, there is no documentation identifying any objective functional improvement as a result of the use of the Xanax. Finally, there is no indication that the Xanax is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Xanax is not medically necessary.