

Case Number:	CM14-0086952		
Date Assigned:	07/23/2014	Date of Injury:	06/03/2008
Decision Date:	10/02/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/10/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 48 year old male who was injured on 6/3/2008. He was diagnosed with chronic pain due to trauma, lumbar pain with radiculopathy, degeneration of lumbar disc, lumbar spondylosis, insomnia, Anxiety disorder, and major depressive disorder. He was treated with a cane, trigger point injections, physical therapy, epidural steroid injections, TENS unit, opioids, benzodiazepines, anti-psychotic medication, anti-epileptic medication, stimulants, topical lidocaine, muscle relaxants, antidepressants, and surgeries (lumbar). The worker continued to experience chronic back pain even following surgery. On 5/9/2014, the worker was seen by his psychiatrist complaining of episodes of anxiety and continual moderate to severe lower back/gluteal/leg pain. He reported sleeping 4-5 hours per night. He reported no suicidal ideations, feelings of hopelessness or helplessness, but did feel fatigue and tries to isolate himself from others every day. Thought content was devoid of any hallucinations, and he had fair cognition, insight, and judgment. He was then continued on his usual medications that he had been taking which included Cymbalta (for depression), Abilify (for mood stabilization), Klonopin (for anxiety), and Nuvigil (for daytime sleepiness and difficulty concentrating, started on 4/10/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/nuvigil?druglabelid=103PDR> Drug Summary- Nuvigil

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: armodafinil (Nuvigil) (<http://reference.medscape.com/drug/nuvigil-armodafinil-343004>)

Decision rationale: The MTUS Guidelines are silent in regards to the use of Nuvigil or any other stimulant. Nuvigil is indicated and approved for the treatment of obstructive sleep apnea, narcolepsy, and shift work sleep disorder. In the case of this worker, he had been using Nuvigil since 4/10/14 and later reported improved concentration with its use. However, the worker does not have any specific diagnosis that would warrant this medication as part of his regimen. Therefore, the Nuvigil is not medically necessary.

Clonazepam tab 0.5mg #22 45 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, he had been using benzodiazepines such as clonazepam chronically leading up to this request, which is not recommended for the treatment of anxiety long-term. Therefore, the clonazepam is not medically necessary.

Abilify tab 10mg, 30 days supply #30; 30 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/abilify?druglabelid=103PDR> Drug Summary-Abilify

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388. Decision based on Non-MTUS Citation), Mental Illness and Stress section, Aripiprazole (Abilify) AND Atypical antipsychotics

Decision rationale: The MTUS Guidelines do not address initiating atypical antipsychotics besides recommending that antidepressant or antipsychotic medication may be prescribed for major depression or psychosis, but is best done in conjunction with specialty referral. The ODG, however, goes into more detail and states that they are not recommended as a first-line therapy,

and adds very little benefit when added to an antidepressant when treating major depression, and comes with potentially significant harm. Anti-psychotics should only be prescribed for the treatment of schizophrenia and possibly bipolar disorder. In the case of this worker, he had been using Abilify for some time leading up to this request. As evidence and guidelines suggest not using Abilify for the treatment of depression, I also as the review suggest that Abilify is not medically necessary and contributes potential risk with minimal benefit.