

Case Number:	CM14-0096183		
Date Assigned:	09/15/2014	Date of Injury:	06/01/2007
Decision Date:	10/16/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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:

The injured worker is a 62-year-old female who reported an injury on 06/01/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included post contusion syndrome, depression, disequilibrium, and gait impairment. The previous treatments included medication and aquatic therapy. Within the clinical documentation dated 08/14/2014, it was reported that the injured worker complained of headaches, dizziness, loss of balance, decreased memory and concentration, and decreased sleep. Upon physical examination, the provider noted the injured worker remained anxious and depressed. Her neurological examination was unchanged from the previous visit. The request submitted is for citalopram and Nuvigil. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Citalopram 40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The request for citalopram 40 mg #30 is not medically necessary. The California MTUS Guidelines recommend antidepressants as a first line option for neuropathic pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Nuvigil 150 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Gold Standard Nuvigil/Armodafinil, Official Disability Guidelines Formulary - "N" Drug

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

Decision rationale: The request for Nuvigil 150 mg #30 is not medically necessary. The Official Disability Guidelines do not recommend the use of armodafinil 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. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is a lack of significant clinical documentation indicating the injured worker is treated for narcolepsy or shift work sleep disorder. Therefore, the request is not medically necessary.