

<b>Case Number:</b>	CM14-0192025		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	06/21/1991
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Psychiatry 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:

Injured worker is a 66-year old female with date of injury 6/21/1991. Date of the UR decision was 11/10/2014. Injured worker has been diagnosed with Major depression, single episode; Pain disorder associated with both psychological factors and general medical condition. Per report dated 11/3/2014, the injured worker reported that she continues to deal with chronic physical and psychological symptoms as a consequence of her work injury. She presented with chronic pain in her wrist, knee and back. It was also suggested that she had been suffering from symptoms of major depression, including persistently depressed and dysphoric mood, anhedonia, irritability, fatigue, sleep disturbance, anhedonia, social isolation, difficulty initiating and completing tasks, and impairment of attention and short-term memory. She was diagnosed with Major Depression, Single Episode and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Modafinil 200 mg 1 bid prn #60 month + 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Modafinil

**Decision rationale:** Modafinil /Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work disorder. There is no indication that the injured worker suffers from any of the above conditions. The use of Modafinil in this case is off label. Also, Modafinil is a controlled substance and has risk for abuse and dependence and thus not intended to be continued for long. The request for Modafinil 200 mg 1 bid prn #60 month + 3 refills is excessive and not medically necessary.

**Lorazepam (Ativan) 1 mg 1 qd prn #30 monthly: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaningof medications Page(s): 24, 124.

**Decision rationale:** MTUS states Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Lorazepam (Ativan) 1 mg 1 qd prn #30 monthly is excessive and not medically necessary.

**Ambien CR (Zolpidem) 12.5 mg 1 qhs prn #30 monthly: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, MedScape, and PDR 2009 references

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental & Stress>, <Insomnia treatment >

**Decision rationale:** MTUS is silent regarding this issue. ODG states Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. Although direct comparisons between benzodiazepines and the non-benzodiazepine sedative-hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action. Zolpidem [Ambien (generic available), Ambien CR, Edluar, Intermezzo] is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). Ambien CR is indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have

found Ambien CR to be effective for up to 24 weeks in adults. The request for Ambien CR (Zolpidem) 12.5 mg 1 qhs prn #30 monthly is excessive and not medically necessary.

**Piracetam (GANA):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 57-64 ; 396-397, Chronic Pain Treatment Guidelines Psychological treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov- Piracetam

**Decision rationale:** Piracetam is a nootropic drug in the racetams group, with chemical name 2-oxo-1-pyrrolidine acetamide. It shares the same 2-oxo-pyrrolidone base structure with pyroglutamic acid. Piracetam is a cyclic derivative of GABA. In the United States, it is not approved by the US Food and Drug Administration for any medical use and it is not permitted to be sold as a dietary supplement. The request for Piracetam (GANA) is not clinically indicated as it does not have a FDA approval at this time and there is no clear evidence of its use at this time. Thus, the request is not medically necessary.