

Case Number:	CM15-0014583		
Date Assigned:	02/02/2015	Date of Injury:	04/01/1999
Decision Date:	03/30/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 73-year-old female who reported an injury on 09/20/1997. The mechanism of injury was not stated. The current diagnoses include status post lumbar decompression, status post cervical fusion, status post bilateral carpal tunnel release, and psychological diagnosis. The injured worker presented on 12/18/2014 with complaints of persistent pain, exacerbated with cold weather. The injured worker utilizes Norco at bedtime. Upon examination, there was tenderness in the lower lumbar paravertebral muscles, 45 degrees flexion, 10 degrees extension, 30 degrees lateral bending, and a negative straight leg raise. Examination of the cervical spine revealed tenderness to palpation, forward flexion to within 1 fingerbreadth of chin to chest, extension to 10 degrees, and lateral rotation to 70 degrees. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 12.5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. Ambien is indicated for the short term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. The injured worker does not maintain a diagnosis of insomnia disorder. There was no documentation of a failure of nonpharmacologic treatment prior to the initiation of a prescription product. There was also no frequency listed in the request. Given the above, the request is not medically appropriate.

Nuvigil 250mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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: 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. The injured worker does not maintain any of the above mentioned diagnoses. There was no indication that this injured worker requires Nuvigil to treat excessive sleepiness. Given the above, the request is not medically appropriate in this case.