

Case Number:	CM15-0126500		
Date Assigned:	07/13/2015	Date of Injury:	08/05/1998
Decision Date:	08/12/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 51 year old female who sustained an industrial injury on 08/05/98. Initial complaints and diagnoses are not addressed. Current complaints include lumbar pain, right shoulder and right arm pain, as well as headaches and neck pain. Current diagnoses include are not addressed. Treatments to date include medications, right knee injections, physiotherapy, acupuncture, and facet joint injections. Diagnostic studies are not addressed. In a progress note dated 04/29/15 the treating provider reports the plan of care as a shower chair, special orthopedic mattress, motorized wheelchair, ophthalmologist and orthopedic consultations, psychotherapy, physiotherapy and acupuncture, home help and transportation to and from her medical appointments, a high resolution MRI and MRA of the head, Botox injections, laboratory studies, formal sleep lab evaluation, and 3 unspecified transdermal compounds. The requested treatments include Nuvigil, Prosom, and Maxalt.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150 mg, thirty count with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Black, J. E., et al. (2010).

Decision rationale: MTUS guidelines are silent regarding the use of Nuvigil. Armodafinil (Nuvigil) is indicated to use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. According to the patient's file, there is no documentation of sleepiness from shift work disorder and narcolepsy. The sleepiness is most likely related to the use of opioids. Therefore, 30 Nuvigil 150mg with 2 refills is not medically necessary.

Prosom 2 mg, thirty count with two refills: Upheld

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

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

Decision rationale: ProSom (estazolam), a triazolobenzodiazepine derivative, is an oral hypnotic agent. There is no characterization of previous sleep problems and the response to non pharmacologic treatment. MTUS guidelines does not recommend the long term use of benzodiazepines because of the risk of dependence, tolerance and even the increase of anxiety if used to treat anxiety. Therefore, the prescription of ProSom 2mg #30 with 2 refills is not medically necessary.

Maxalt - 10 grams, thirty count with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Migraine pharmaceutical treatment. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines for the treatment of migraine, recommend triptans for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. See Triptans. Melatonin is recommended as an option given its favorable adverse effect profile. See Melatonin. See also Botulinum toxin for chronic migraine. The patient was reported to have a chronic headache and Triptans such as Maxalt are not indicated for chronic non migraine headache. It is indicated as an abortive treatment for migraine. Therefore, the request for Maxalt - 10 grams, thirty count with two refills is not medically necessary.