

Case Number:	CM15-0078893		
Date Assigned:	04/30/2015	Date of Injury:	05/04/2007
Decision Date:	06/02/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/24/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 52 year old female who sustained an industrial injury on May 4, 2007. She has reported pain in the neck, right shoulder, and right arm and has been diagnosed with status post two level ACDF through C7, adjacent level arthrosis C4-C5, status post right shoulder arthroscopy, lumbar disc bulging L3 through S1 with annular tearing, possible sacroiliitis, and status post anterior cervical discectomy and fusion C4-5. Treatment has included surgery, medications, and medical imaging. Currently the injured worker was experiencing pain in her neck radiating to the right shoulder and down the right arm. The treatment request included medications.

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 Official Disability Guidelines, Pain (updated 03/18/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Armodafinil: Drug information. Topic 9260, version 93.0. UpToDate, accessed 05/25/2015.

Decision rationale: Nuvigil (armodafinil) is a medication in the centrally-acting stimulant class. The MTUS Guidelines are silent on this issue. Armodafinil is used to increase wakefulness in those with narcolepsy or shift worker sleep disorder and as part of therapy for obstructive sleep apnea/hypopnea syndrome. Some of armodafinil's known negative side effects include depression, depressed mood, and nervousness, and this medication is to be used with caution in those with a history of psychosis or depression. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the right arm with numbness and weakness, lower back pain, and significant depressed mood. There was no documented assessment of the worker's fatigue, discussion supporting the use of this medication, detailing why the benefit was expected to outweigh the potentially serious risks, or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets Nuvigil (armodafinil) 150mg is not medically necessary.

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66, page 124.

Decision rationale: Zanaflex (tizanidine) is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the right arm with numbness and weakness, lower back pain, and significant depressed mood. There was no suggestion the worker was having a new flare of on-going lower back pain or a discussion detailing special circumstances that sufficiently supported the continued use of this medication long-term. In the absence of such evidence, the current request for thirty tablets of Zanaflex (tizanidine) 4mg as prescribed on the date of service 02/19/2015 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.