

Case Number:	CM15-0095724		
Date Assigned:	05/22/2015	Date of Injury:	02/15/2006
Decision Date:	06/30/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 02/15/2006. According to a progress report dated 03/13/2015, the injured worker was seen for a psychiatric follow-up. He still had mild depression. He slept well with the help of medications. He socialized with his friend who he took out daily in the morning for breakfast and drove around running errands for him. He had no crying spells. He enjoyed music and being with his wife. At times he had feelings of hopelessness about the quality of life he had. He had an "I don't care attitude". He still complained of low energy. His concentration was fair. His appetite was good. He weighed 250 pounds. He had no psychomotor agitation or retardation. He had no suicidal ideation or homicidal ideation. He was compliant with medication. He did not have any side effect of medications. Assessment included major depressive disorder recurrent and anxiety disorder. Cymbalta was continued for depression. Ambien was reduced to 5 mg at night as needed for insomnia. Nuvigil was prescribed for daytime sleepiness and tiredness. He also took Wellbutrin. According to a psychiatric follow up dated 04/13/2015, the injured worker had been depressed during the last month and staying on the couch. He was not able to answer phone calls and had suicidal ideations and no motivation but he started feeling better 3 days earlier. His sleep had been 5-6 hours each night. He enjoyed music and being with friends. He had occasional feelings of hopelessness about his situation. His energy and concentration was poor. He had a good appetite. He had no psychomotor agitation or retardation, no suicidal or homicidal ideations. He did have suicidal ideations a few days prior but no plan. Medication treatment plan included Cymbalta, Nuvigil, Lamictal, Wellbutrin and Ambien. Currently under review is the request for Nuvigil and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg (quantity unspecified): 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); Treatment in Workers Compensation, 5th Edition, 2007 or current year; Pain (Chronic), Armodafinil (Nuvigil).

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

Decision rationale: The claimant has a history of a work injury occurring in February 2006. He sustained an injury to the right hip with apparent iliopsoas muscle rupture. He had an extremely complicated course including development of absence, septicemia, and septic arthritis of the right hip. He underwent a hip replacement in October 2006. He continues to be treated for chronic pain as well as for severe depression. Medications being prescribed included methadone, Butrans, and Norco. The claimant's BMI is nearly 36. Armodafinil (Nuvigil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is not recommended solely to counteract the sedating effects of opioid medications. Additionally, this claimant may have symptoms due to obstructive sleep apnea which could be treated directly. The request is not medically necessary.

Ambien 5mg #20: 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); Treatment in Workers Compensation, 5th Edition, 2007 or current year, Zolpidem (Ambien).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant has a history of a work injury occurring in February 2006. He sustained an injury to the right hip with apparent iliopsoas muscle rupture. He had an extremely complicated course including development of absence, septicemia, and septic arthritis of the right hip. He underwent a hip replacement in October 2006. He continues to be treated for chronic pain as well as for severe depression. Medications being prescribed included methadone, Butrans, and Norco. The claimant's BMI is nearly 36. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. There is no assessment of factors such as sleep onset, maintenance, quality, or next-day functioning. Whether the claimant has primary or secondary insomnia has not been

determined, although the likelihood of secondary insomnia due to obstructive sleep apnea appears high. If this was causing the claimant's sleep disturbance, then treatment for this condition could be considered. Therefore, the continued prescribing of Ambien is not medically necessary.