

Case Number:	CM14-0141869		
Date Assigned:	09/12/2014	Date of Injury:	10/04/2010
Decision Date:	10/07/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical medicine and rehabilitation 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:

This 46 year-old patient sustained an injury on 10/4/10 while employed by [REDACTED]. Request(s) under consideration include Transportation to Outpatient Appointment and Nuvigil 250 mg #30. Diagnoses include upper arm and shoulder sprain/strain; episodic mood disorder; sleep disturbances. Report of 8/9/14 from the provider noted patient with residual daytime somnolence from obstructive sleep apnea unresponsive to CPAP with request for Nuvigil. Report of 8/12/14 from the provider noted patient with ongoing chronic neck pain radiating into bilateral shoulders, biceps, radial forearms and hands associated with numbness and paresthesias. The patient reported persistent right biceps pain since his shoulder surgery. Current medications list Nuvigi, Ambien, Zoloft, Butrans, Levothyroxine, Clonazepam, Gabapentin, Cialis, Benazepril, and Latuda. Surgical history includes right shoulder in 2009 and bilateral CTR in 2001. Exam showed diffuse tenderness at C5-T1 of cervical facets; restricted range in all directions of lumbar, cervical and right shoulder; positive provocative maneuvers; positive shoulder impingement of Neer's and Hawkin's; negative nerve root tension; 5/5 motor strength in all limbs except 4+/5 left TA, right biceps and quadriceps. Diagnoses included lumbar radiculopathy; right shoulder derangement s/p surgery 2009/ shoulder pain; cervical disc protrusion/ DDD/ facet arthropathy/ sprain/strain; lumbar sprain/strain/ facet arthropathy; depression; gallstones; and borderline diabetes. Treatment included continued meds, MRI repeat LESI. The request(s) for Transportation to Outpatient Appointment and Nuvigil 250 mg #30 were non-certified on 8/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to Outpatient Appointment: 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), Knee and Leg, Transportation

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

Decision rationale: ACOEM, MTUS do not address transportation to and from medical appointment; however, ODG does recommend medically-necessary transportation to appointments for patients with disabilities preventing them from self-transport. Submitted reports have not demonstrated adequate support for treatment request and do not provide supporting medical reasoning indicating why the patient cannot drive or use public transportation. There was no documentation regarding how far the patient needed to travel or how long the patient needed to sit to wait for the office appointments nor do reports address other options that have been exhausted or comorbidities preventing patient to travel by alternative means. Clinical findings show no indication of ADL limitations or specific neurological deficits to support for transportation services. The Transportation to Outpatient Appointment is not medically necessary and 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 (ODG), Pain, 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, Armodafinil (Nuvigil),

Decision rationale: ODG does not recommend Nuvigil medication solely to counteract sedation effects of narcotics, but may be an option for use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Nuvigil it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or ADLs limitations for use of Nuvigil in the patient's listed diagnoses nor document any functional improvement from previous treatment rendered with chronic unchanged symptoms to establish medical indication or necessity outside guidelines recommendations. The Nuvigil 250 mg #30 is not medically necessary and appropriate.