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**Notice of Independent Medical Review Determination**

Dated: 9/27/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/12/2013

9/24/2006

7/19/2013

CM13-0002108

- 1) MAXIMUS Federal Services, Inc. has determined the request for Nuvigil 150mg, #45, times one refill **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/19/2013 disputing the Utilization Review Denial dated 7/12/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/23/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Nuvigil 150mg, #45, times one refill **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 12, 2013:

“It is the opinion of the reviewing physician that, Mr. [REDACTED] was injured on 9/24/06. Review noted 35-year old male who allegedly sustained injury on 09/24/06, was taking a lunch break under a tree during a forest fire when a tree branch snapped and fell on him hitting him on his helmet and shoulder/mid back. LOV on 06/27/13 noted complaints of on going pain. Taking pain medications as prescribed. VA is following up with surgery for right shoulder. Current medications: colace, miralax, naprosyn, butrans, lyrica, norco, zanaflex, omeprazole, tegaderm, biofreeze, bupropion, cyclobenzaprine, nabumetome, nuvigil, prilosec, buspirone, clonazepam. Cervical spine range of motion is restricted with flexion. Paravertebral muscles, tenderness and tight muscle band is noted on both sides. Lumbar spine range of motion is restricted with flexion. The request is for pharmacy purchase of Nuvigil 150mg #45 x1 refill.”

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 07/19/2013)
- Utilization Review Determination from [REDACTED] (dated 07/19/2013)
- Employee Medical records from [REDACTED]
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for Nuvigil 150mg, #45, times one refill:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), but did not provide reference for specific guidelines used in the determination. The provider did not dispute the lack of specific guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS applicable and relevant to the issue at dispute. The Expert Reviewer found the Official Disability Guidelines (ODG), (current version), Pain (Chronic), Armodafinil (Nuvigil) section, a medical treatment guideline (MTG), not part of the MTUS, applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 9/24/06 the employee sustained a work-related injury. The submitted and reviewed medical records indicate diagnoses include: cervical facet syndrome, cervical pain, lumbar compression fracture, lumbar radiculopathy, low back pain, lumbar facet syndrome, major depressive disorder, and post-traumatic stress disorder. The records indicate prior treatment has included medications and acupuncture. A recent medical report dated 7/17/13 indicates the employee continues to experience chronic pain and depression. A request has been submitted for Nuvigil 150mg, #45, times one refill.

Official Disability Guidelines note that Nuvigil can be employed to treat excessive sleepiness caused by narcolepsy or shift work disorder. The submitted medical records do not clearly demonstrate that the employee carries a diagnosis of narcolepsy or shift work disorder for which usage of Nuvigil may be indicated. The guidelines do not support the requested medication in this case. The request for Nuvigil 150mg, #45, times one refill **is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/srb

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.