

Case Number:	CM13-0038165		
Date Assigned:	12/18/2013	Date of Injury:	12/28/2007
Decision Date:	04/30/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/27/2013

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 Family Practice and is licensed to practice in Texas. 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:

The patient is a 57-year-old male who reported injury on 12/28/2007. The mechanism of injury was noted to be that the patient was attempting to pull back a CCTV camera that was stuck in the sewer line and strained his right elbow. The documentation of 08/26/2013 revealed that the patient was seen on 08/15/2013 and was continuing to drink beer as a form of tranquilizer. It was indicated the patient was struggling with accepting physical limitations and the physician increased the patient's Nuvigil dose from 150 mg daily to 250 mg daily. The patient had been noted to take the medication since early 2013. The subsequent documentation dated 10/01/2013 revealed that the patient was given Nuvigil to augment his antidepressant treatment. It was indicated the medication helped the patient be more productive and focused.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHARMACY PURCHASE OF NUVIGIL 250MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines, Treatment in Workers Compensation, 2013 web-based edition, and the California MTUS Guidelines, web-based edition (http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

Decision rationale: The Official Disability Guidelines do not recommend Nuvigil to counteract the sedative effects of narcotics. It is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The clinical documentation submitted for review indicated that the patient had been given samples, which were helpful to him. The patient had been noted to take the medication since early 2013. It was indicated that the medication was helping the patient to be more productive and focused, rather than sitting around and doing nothing. However, there was a lack of documentation of objective functional improvement. The medication is not supported for the augmentation of antidepressant treatment, according to the Official Disability Guidelines. Given the above, the request for outpatient pharmacy purchase of Nuvigil 250 mg #30 is not medically necessary.