

Case Number:	CM13-0039430		
Date Assigned:	12/20/2013	Date of Injury:	09/30/1994
Decision Date:	02/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain 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 physician 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 46-year-old female who reported a work-related injury on 09/30/1994; specific mechanism of injury not stated. Subsequently, the patient presents for treatment of the following diagnoses: status post laminectomy syndrome; implantation of an intrathecal infusion pump; failed low back pain syndrome status post posterior lumbar interbody fusion at L4-5, L5-S1 with retained hardware and status post morphine pump placement; right shoulder strain; right wrist strain; right hip strain; right ankle strain; mild ligamentous sprain of the right knee; and anxiety and depressive illness. Clinical note dated 08/28/2013 reports interdisciplinary psychotherapy note of the patient. The provider documents the patient received refills of Nuvigil, Cymbalta, Klonopin, and trazodone. The clinical notes document the patient's gait and speech are slow, cognition is linear but slow, the patient takes a while to complete her thought and sentence. The patient's level of insight is low to moderate at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250 mg #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 Chapter

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

Decision rationale: California MTUS/ACOEM do not specifically address. Official Disability Guidelines indicate Nuvigil is not recommended solely to counteract sedation effects of narcotics. The clinical notes fail to document a specific rationale for the patient's utilization of Provigil 250 mg 1 by mouth every day. In addition, it is unclear how long the patient has been utilizing this medication, and the clear efficacy of this medication per the patient's somnolence complaints. Given the above, the request for Nuvigil 250 mg #30 is not medically necessary or appropriate.