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| <b>Case Number:</b>   | CM13-0043346 |                              |            |
| <b>Date Assigned:</b> | 12/27/2013   | <b>Date of Injury:</b>       | 05/27/2009 |
| <b>Decision Date:</b> | 06/03/2014   | <b>UR Denial Date:</b>       | 10/11/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/23/2013 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 58-year-old female who reported an injury on 05/27/2009. The mechanism of injury was not stated. Current diagnoses include low back pain, discogenic low back pain and postlaminectomy syndrome. The injured worker was evaluated on 12/04/2013. The injured worker reported daytime sleepiness, worsening sleep apnea and sleepiness while driving. Physical examination revealed limited range of motion with tenderness to palpation in the lumbar region. Treatment recommendations included the continuation of Norco, Soma, Butrans patch, Motrin and Nuvigil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUVIGIL 150MG 1 DAILY #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Official Disability Guidelines state that Nuvigil is not recommended solely to counteract the sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness

caused by narcolepsy or shift work sleep disorder. The injured worker does not maintain either of the above-mentioned diagnoses. The injured worker has also utilized Nuvigil 150 mg since 09/2013 without evidence of objective functional improvement. As such, the request is not medically necessary.