

Case Number:	CM13-0043685		
Date Assigned:	12/27/2013	Date of Injury:	04/03/1999
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois and 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 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 61 year old female who reported an injury on 04/30/1999. The mechanism of injury was a fall. The patient was diagnosed with postlaminectomy syndrome, lumbar region; chronic pain syndrome; dyspepsia and other specified disorders of function of stomach; edema; obesity; depressive disorder, not elsewhere classified; slow transit constipation; and diaphragmatic hernia without mention of obstruction or gangrene. The clinical note stated the patient suffered from back pain and neck pain. The patient was treated conservatively; however, continued to have leg pain as well as tingling and numbness in the left calf. The patient was prescribed muscle relaxants, pain medications, and subsequently was seen by chiropractor. The patient subsequently received an L5-S1 fusion and instrumentation with cages. Following the surgery, the patient was significantly worse. She underwent physical therapy without any improvement and subsequently underwent a second surgery including removal of cages and posterior instrumentation and fusion involving L4-5 and L5-S1. The patient underwent physical therapy and was prescribed pain medications. The patient also underwent epidural steroid injections where 1 injection left her numb and did not help with the pain. The patient was prescribed medications which included OxyContin, Demerol injections, Vicodin, Codeine, Morphine, etc. The patient underwent interventional pain management and subsequently intrathecal delivery system was implanted. The patient still reported increased pain as the pump had been turned down in preparation for surgery. The patient had moderately diminished decreased range of motion in the lower extremities. The patient also had a positive Straight Leg Raiser bilaterally for the lower back in addition to radicular pain. The patient had facet tenderness, sacroiliac joint tenderness, sciatic notch tenderness, and CVA tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg number thirty (30) one refill: 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).

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: The Official Disability Guidelines (ODG) does not recommend Nuvigil solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The patient continued to complain of low back pain. However, the clinical documentation submitted does not indicate that the patient suffered from excessive sleepiness caused by narcolepsy or shift work. Given the lack of documentation to support the guideline criteria, the request is non-certified