

<b>Case Number:</b>	CM13-0061435		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/22/2001
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 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 64-year-old female who was injured on 03/22/2001 as she fell into a sidewalk hole. Prior treatment history has included physical therapy, lumbar steroid injection and medications as listed: 1. Levothyroid 2. Lasix 3. Potassium 4. Norco 5. Fexmid 6. Cyclobenzaprine 7. Ambien 8. Sentra PM 9. Prozac. PR-2 dated 05/31/2013 documented the patient to have complaints of continued total body pain, chronic fatigue and problem sleeping. The body parts include pain in arms, leg pain, bilateral hand pain, neck pain, shoulder pain. Ankle pain and swelling which was also adding to her pain. She has lost around 9 pounds after starting Lasix and feels better. Objective findings on exam reveal no new joint swelling. Normal neurologic exam. No rheumatoid arthritis or deformities. Trigger point tenderness 12+. Diagnoses: 1. Myalgia and myositis 2. Polymyalgia rheumatica Treatment Plan: Continue Sentraflox, sentrazolpidem, fatigue and sleep difficulties of FMS (Fibromyalgia Syndrome). Continue Neurontin for pain relief. Continue topical Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUVIGIL 150MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker's Compensation, Online Edition, Pain Chapter, Armodafinil

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NUVIGIL

**Decision rationale:** This is a request for Nuvigil, apparently for sleepiness, for an individual with chronic pain. The patient does not have documented narcolepsy or shift work sleep disorder. Nuvigil is not indicated to counteract the effect of narcotics. Dependence and abuse of this medication are a concern. According to ODG Guidelines, medical necessity for the request has not been established. Therefore, the request for Nuvigil 150mg #60 is not medically necessary and appropriate.