

Case Number:	CM13-0062561		
Date Assigned:	12/30/2013	Date of Injury:	03/19/1998
Decision Date:	04/03/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 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 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 66 year old male who was injured on 3/19/98. The mechanism of injury and medical history were not provided. A psychiatric follow-up note dated 1/30/13 indicated the patient was doing better: more stable, less nervous and anxious. His medications included Klonopin 0.5mg as needed, 60 Pristiq 100mg a day, 30 Provigil 200 mg a day, Ambien CR 6.25mg at bedtime, and Nuvigil 150mg a day; these seemed to help with his daytime fatigue and drowsiness. A psychiatric follow-up note dated 3/4/13 indicated he seemed to be doing better. He was less nervous and anxious. His mood was still depressed and withdrawn. He was on multiple medications His medications included Klonopin 0.5mg as needed, 30 Pristiq 200mg a day, 30 Provigil 200mg, Ambien 10mg at bedtime, and Nuvigil 150mg a day. A psychiatric follow-up note dated 5/6/13 indicated the patient seemed to be doing better, more stable; a lot more optimistic about his future. His medications included 30 Provigil 200mg a day, and Latuda 40mg at bedtime. A psychiatric follow-up note dated 6/13/13 indicated the patient was not doing very well. He was experiencing sexual side effects. His medications included Klonopin 0.5mg as needed, 30 Pristiq 200mg a day, 30 Provigil 200mg a day, 30 Latuda 40mg at bedtime, 30 Ambien 10mg at bedtime, and Cialis 2.5mg a day. A psychiatric follow-up note dated 7/15/13 indicated the patient was not doing very well. He was still very nervous, anxious, and irritable; his mood was profoundly depressed. He continued to have some anxiety and panic attacks. His medications included Klonopin 0.5mg as needed for anxiety and panic attacks. A psychiatric follow-up note dated 8/15/13 indicated the patient was doing much better; he was more stable, more optimistic about his future. He was frustrated that he was not able to get the cognitive behavior therapy sessions that had been requested on a number of occasions in the past. His medications included 30 Cialis 2.5mg at bedtime for sexual side effects caused by some of the psychotropic medications, 30 Latuda 40mg at bedtime, 30 Nuvigil 250mg a day, 60 Klonopin

0.5mg twice a day as needed for anxiety/panic attacks, and 30 Intermezzo 3.5mg at bedtime for insomnia. A psychiatric follow-up note dated 9/17/13 indicated the patient was doing fairly well; he was sleeping and resting well. The medications were helping. He denied suicidal and homicidal thoughts. Medications were Pristiq 100mg, two tablets daily; 30 Latuda 40mg per day; Klonopin 0.5mg as needed; Nuvigil 25mg; Cialis 2.5mg one tablet every bedtime; and Intermezzo SL 3.5mg every bedtime. A psychiatric follow-up note dated 11/5/13 indicated the patient was still nervous and anxious. He believes the medication is not helping for his depression. He had been on Pristiq for three years. The dose was increased to 200mg a day which did not seem to be helping. He was gradually tapered off Pristiq and tried 60 Viibryd 10mg and gradually increased the dose to 40mg. He was instructed to continue on 30 Cialis 2.5mg at bedtime for sexual side effects caused by some of the psychotropic medications, 30 Latuda 40mg at bedtime, 30 Nuvigil 250mg a day, 60 Klonopin 0.5mg as needed for anxiety/panic attacks twice a day, and 30 Intermezzo 3.5mg at bedtime for insomnia. A psychiatric follow-up note dated 12/12/13 indicated the patient was very anxious, irritable, distraught, and despondent. He was upset that some of the medications were not being approved. He was recommended to continue his medication Nuvigil 250mg a day, as that would supplement and augment the effect of the antidepressant and help with the daytime sedation and tiredness. He needed to continue seeing his therapist for cognitive behavior therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 60 Nuvigil 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Page(s): 42, 107. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Official Disability Guidelines state Nuvigil is specifically not recommended to counteract sedation effects of narcotics. It is used to treat narcolepsy, shift work sleep disorder, and obstructive sleep apnea. The treating provider prescribed Nuvigil to augment the effect of the antidepressant and help with the daytime sedation and tiredness. The patient does not appear to carry a diagnosis of narcolepsy or obstructive sleep apnea. He is not working. The patient does not meet guideline criteria for use of this medication. Therefore, Nuvigil is non-certified.