

Case Number:	CM13-0063304		
Date Assigned:	01/29/2014	Date of Injury:	11/05/2003
Decision Date:	05/08/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal 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 52-year-old male with date of injury on 11/05/2003 with no reported mechanism of action. He carries diagnoses of chronic low back pain status post laminectomy and L5-S1 fusion. He has multiple other medical issues that are also part of his industrial injury including hypertension, hypogonadism, neurogenic bladder with erectile dysfunction, depression with anxiety and secondary sleep disturbance (with sleep apnea), and stroke with residual right sided hemiparesis. He has been on chronic opiates in the past and was placed on a spinal cord stimulator April 30, 2009 with revision in November 2009. However, an intrathecal morphine pump with removal of the stimulator was done on July 22, 2011. Current pain regimen includes the intrathecal morphine pump, Norco, Flexeril, and Gabapentin. He is reported to be taking Nuvigil related to his sleep disorder and has been recommended by two separate neurologists and his treating provider in order to treat somnolence and fatigue related to his sleep disorder. The current request is for Nuvigil 150 mg #30 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 150 MG, #30/30 DAYS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Treatment Index, 11th Edition (web), 2013, Pain, Armodafinil; Pain, Modafanil.

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

Decision rationale: The MTUS is silent on armodafinil (Nuvigil) and ODG addresses Nuvigil in relation to narcolepsy (sleep disorder) or shift work sleep disorder. The ODG specifically states that this drug should not be used to combat the fatigue related to chronic opiate use. The records reviewed indicate this patient is on Nuvigil currently and is prescribed this for his sleep disorder that has been diagnosed as related to his reactive mood disorder and sleep apnea from his industrial accident. Two separate neurologists have recommended use of Nuvigil for this patient in qualified medical evaluator/evaluations (QME) reports and evaluations for his chronic pain related sleep disorder. Therefore, Nuvigil meets criteria as it is being used in conjunction with his sleep disorder and not for fatigue related to chronic opiate use. Furthermore, two specialists at separate evaluations (QME and standard evaluation) felt this patient needed Nuvigil to treat his sleep disorder related fatigue and help his overall condition. Based on the records reviewed, the Nuvigil is medically necessary and the prior UR decision is reversed.