

Case Number:	CM13-0063355		
Date Assigned:	12/30/2013	Date of Injury:	06/21/2003
Decision Date:	04/14/2014	UR Denial Date:	11/19/2013
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 Physical Medicine and Rehabilitation, and is licensed to practice in 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 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 51-year-old male who reported injury on 06/20/2003. The mechanism of injury was not provided. Medication history included Nuvigil as of 07/02/2013. Clinical documentation dated 10/02/2013 revealed the patient's current medications included Nuvigil, Norco, Soma, and Gabapentin. A request was made for a refill of Nuvigil. The patient's diagnoses were noted to include post lumbar laminectomy syndrome, disc disorder, lumbar region, sacroiliac pain, lumbar/lumbosacral disc degeneration, lumbar disc displacement, bone screw infusion surgery, SCS in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 150MG 1 TABLET DAILY #30 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116.

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

Decision rationale: Official Disability Guidelines do not recommend Nuvigil solely to counteract sedation effects of narcotics. Clinical documentation submitted for review failed to provide a documented rationale for the usage of the medication. There was a lack of

documentation indicating a necessity for 2 refills. The efficacy of the requested medication was not provided as the patient had been on the medication for more than 2 months. The patient's medications were noted to include Norco, Soma, Nuvigil, Gabapentin, and Duragesic 12 mcg/hour and 50 mcg/hour. Given the above, the request for Nuvigil 150 mg 1 Tablet Daily #30 x2 Refills is not medically necessary.