

<b>Case Number:</b>	CM13-0067153		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery and is licensed to practice in Alabama. 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 records presented for review indicate that the noted injury occurred on June 8, 2000, the injured worker carries a diagnosis of tenosynovitis of the hand and wrist (727.05) and there is a request for the medication Nuvigil. The request was not certified in the preauthorization process. It was noted that the injured employee has reported medication-induced sedation. It was felt that this medication was not indicated to address such issues. The note reflects that the injured worker was seeking to refill her medication, noting pain in the bilateral upper and lower extremities, and that the requested medication addresses daytime sedation. It is also noted the pain level continued to be 9/10. Chronic pain syndrome is noted in the bilateral upper and lower extremities. A progress note dated November, 2013 noted the conversation with the reviewing provider and the non-certification relative to the rationale for the medication Nuvigil and tizanidine. The intrathecal pain pump records are reviewed. The diagnosis list includes an opioid type dependence. Urine drug screen noted compliance with the opioid protocols being employed. Nuvigil 250 mg has been requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC 2013 Pain, Armodafinil (Nuvigil).

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

**Decision rationale:** This medication is not addressed in the MTUS. However, as noted in the Official Disability Guidelines, this is "not recommended solely to counteract sedation effects of narcotics." Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Given that there is no noted efficacy with the opioid protocol being employed, the pain levels continued to be 8-9/10 and involve all four extremities; the use of this preparation to counter the effects of the narcotics is not supported. Based on the clinical information presented for review, there simply is no clinical indication presented to support this request.