

<b>Case Number:</b>	CM13-0067528		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/24/1998
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Illinois. 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 injured worker is a 70-year-old female who reported an injury on 11/24/1998. The mechanism of injury was not provided. The injured worker's medical history included Kadian, Percocet, Fiorinal, Excedrin Migraine, Ativan, Ambien CR, L-thyroxine, pancrease with meals, Nexium, Skelaxin, tramadol compound, Savella, Nuvigil, Cymbalta, and Cosamin SM since 2010. The documentation of 10/30/2013 revealed the injured worker had diagnoses of cervical spine disease with foraminal stenosis, mid low back pain chronic, chronic pancreatitis, mixed headaches, posttraumatic left lower extremity neuropathy, gastro-esophageal reflux disease (GERD) with dyspepsia and gastroparesis, fibromyalgia, depression with anxiety, constipation medication related, xerostomia medication related, urinary incontinence, some fecal incontinence, and insomnia. The treatment plan included medical cannabis sativa type in order to be able to cut back on prescription drugs, levothyroxine 175 mcg, Savella, Ativan, Kadian ER, Dilaudid, Cymbalta, Ambien CR, Maxzide, atenolol, and Nuvigil 250 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUVIGIL 250MG #30 WITH THREE REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WWW.FDA.GOV

**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, NUVIGIL.

**Decision rationale:** Official Disability Guidelines do not recommend Nuvigil solely to counteract sedative effects of narcotics. It is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2010. There was a lack of documentation of objective functional improvement with the medication. There was a lack of documentation indicating the rationale for the use of the medication as it is not recommended solely to counteract sedative effects of narcotics. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation submitted for review failed to indicate a necessity for 3 refills without re-evaluation. Given the above, the request for Nuvigil 250mg #30 With Three Refills is not medically necessary.