

Case Number:	CM14-0002005		
Date Assigned:	01/24/2014	Date of Injury:	05/05/2008
Decision Date:	06/20/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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:

This is a 60-year-old male patient with a 5/5/2008 date of injury. On a 11/07/2013 office visit he complained of aching, burning back pain. The patient experienced back stiffness, numbness in the bilateral legs, radicular pain in the bilateral legs, and upper back. Back pain is located in the lumbar area. He also complained of shoulder pain; severity was 7-8/10. There is decreased sensation in the L4, S1, L5 dermatomes bilaterally. He was prescribed Cymbalta 60 mg, MS Contin 15 mg, Neurontin 600 Mg, Norco 10-325 mg, Nuvigil 250 mg, Omeprazole 20 mg, Zanaflex 4 mg. 12/12/2013 progress report indicated shoulder pain, severity was 8-9/10, knee pain with severity of 6-7/10. He was wearing a back brace and using a front-wheeled walker. There is documentation of a previous adverse determination on 12/26/2013 based on the fact that the 12/12/2013 progress report did not demonstrate that the patient had narcolepsy or shift sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 250MG DAILY #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: CA MTUS does not address this issue. ODG states that Nuvigil 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. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. However, there is no clinical evidence of narcolepsy. The patient presented with aching, burning pain in the back, shoulder, knee. The severity of pain ranges from 5-7/10. He had been prescribed pain relieving medication, also Nuvigil 250 mg. However, there was no documentation of narcolepsy, or shift sleep disorder. In addition, the patient is already taking narcotic analgetics, and their sedative effect could counteract Nuvigil. Therefore, the request for NUVIGIL 250MG DAILY #90, was not medically necessary.