

<b>Case Number:</b>	CM14-0006466		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 female with a date of injury ranging between 8/1/11 to 7/24/12. She stated that she worked in a hostile work environment, where she was harassed by a co-worker and by her supervisor, resulting in the development of sleep disturbances, anxiety, stress, and depression. Due to the industrial related stress, the patient developed physical symptoms of respiratory disturbances, anxiety, stress, and depression. The patient developed clenching of the teeth and bracing of the facial musculature in response to the industrial related stress. The progress notes reviewed dated from 11/4/13 through 12/30/13 were handwritten and illegible. This has caused the patient to develop facial pain. Treatment to date has included medication management, psychotherapy. A UR decision dated 12/17/13 denied the request for Nuvigil. Guidelines support Nuvigil to improve wakefulness in adult patients with excessive sleepiness that is associated with obstructive sleep apnea, narcolepsy, or shift work disorder. It is not recommended solely to counteract sedation effects of narcotics. None of these diagnoses are present in this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUVIGIL 250 MG. #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Nuvigil).

**Decision rationale:** The FDA states that Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work disorder. Guidelines recommend the prescriber diagnose and treat the underlying cause of the sleep disorder(s). There is no discussion of the use of Nuvigil for this patient in the progress notes reviewed. There are handwritten notes from the psychologist dated from 11/4/13 through 12/30/13, however, the notes are handwritten and illegible. From the records provided, there is no medical rationale to support this request. Therefore, the request is not medically necessary and appropriate.