

Case Number:	CM14-0007060		
Date Assigned:	02/07/2014	Date of Injury:	08/12/1998
Decision Date:	06/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/18/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 22-year-old female who reported an injury on 08/12/1998. The specific mechanism of injury was not provided. The injured worker underwent physical therapy, acupuncture, discogram, epidural steroid injections, facet joint injections, heat treatment, ice treatment, massage therapy, and a TENS unit as well as 2 surgical procedures. The injured worker's medications included Keppra, Nexium, Nuvigil, Cymbalta, Naproxen, Magnesium, Potassium, Flomax, Hydrochlorothiazide, and Vitamin D-3. The diagnoses included postlaminectomy of the cervical region, myospasm, headache, and fibromyalgia. The treatment plan included continuation of the current medications including a refill of Cymbalta 60 mg, Keppra 500 mg quantity 90, Nexium 40 mg quantity 30, Nuvigil 150 mg quantity 30, and epidural steroid injection bilateral at the C5-6 and a follow-up as well as a soft collar for support.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 150MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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, Armodafinil

Decision rationale: The Official Disability Guidelines indicate that Nuvigil is not recommended solely to counteract the sedative effects of narcotics and it is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The clinical documentation submitted for review failed to provide a documented rationale for the use of the medication. There was a lack of documentation indicating the injured worker was utilizing narcotics or had narcolepsy or excessive sleepiness. There was a lack of documentation of the efficacy for the requested medication. The clinical documentation indicated the injured worker was utilizing the medication for greater than 1 month. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nuvigil 150 mg #30 is not medically necessary.