

Case Number:	CM14-0008111		
Date Assigned:	02/12/2014	Date of Injury:	07/16/2010
Decision Date:	06/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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 and Pain 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 53-year-old male patient sustained an industrial injury on 07/16/2010 period diagnoses include cervical myoligamentous injury with bilateral upper extremity radicular symptoms; cervical cord myelopathy with central cord syndrome; bilateral knee internal derangement; lumbar spine postlaminectomy syndrome with bilateral lower extremity radiculopathy; gastrointestinal distress with nausea and vomiting, medication induced gastritis; atopic dermatitis/pruritus secondary to chronic opiate use; continuous cervicogenic headaches with migrainous component. Records indicate the patient is status post anterior cervical fusion at C2-C3, C3-C4, C4-C5, C5-C6, and C6-C7 on 08/27/11 period patient also has a history of status post right knee arthroscopic surgery on 01/13/11, status post left total knee arthroplasty on 06/10/11, and status post L5-S1 fusion in 1996. On 01/13/14, Nuvigil 250 mg #30 was non-certified a utilization review, noting the patient's main concern is difficulty sleeping and there is no documentation of excessive sleepiness associated with narcolepsy. There was no evidence of efficacy with prior use of this medication such as improved sleep hours. Progress note dated 12/30/13, the patient reported increased pain in the low back. He continues to complain of neck pain with associated cervicogenic headaches, as well as pain radiating down both her upper extremities. Pain was rated at 9/10. The patient's current oral analgesic medications included Ultram ER, Norco, Anaprox, FexMid, and Imitrex. He was requesting to go back on Dilaudid 4 mg twice per day. It was noted he continues to require Nuvigil for daytime somnolence as the patient has a horrible time sleeping because of severe pain as well as all the medications he requires. This medication was requested due to his inability to sleep because of chronic pain, as well as the medications he requires during the day that cause him to have daytime somnolence. On physical examination, there was tenderness to palpation of the posterior lumbar musculature and numerous trigger points palpable. Range of motion was decreased with obvious muscle

guarding. Deep tendon reflexes were 3/4 bilaterally at the patella and Achilles. Period motor strength was reduced at 4-4 plus/5 throughout the bilateral lower extremities. Sensation was decreased along the lateral calf bilaterally and straight leg raise was positive at 45° bilaterally. There was tenderness to palpation at the medial and lateral joint lines of the bilateral knees with positive crepitus noted in the right knee.

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 Gold Standard. Nuvigil/Armodafinil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Modafinil (Provigil®).

Decision rationale: Per ODG guidelines, Nuvigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Documentation does not identify the patient having a diagnosis of narcolepsy, shift work sleep disorder, or sleep apnea that would support the medical necessity of Nuvigil. It is noted this medication is being prescribed to treat daytime somnolence secondary to chronic pain as well as the patient's current medications, which induced daytime somnolence. Therefore, Nuvigil 250 mg #30 is not medically necessary.