

Case Number:	CM14-0011356		
Date Assigned:	02/21/2014	Date of Injury:	07/17/2004
Decision Date:	06/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for multifocal arm, leg, neck, shoulder, elbow, hip, hand, and knee pain with derivative headaches and depression reportedly associated with an industrial injury of July 17, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; psychotropic medications; sleep aids; and long-acting opioids. In a Utilization Review Report dated January 13, 2014, the claims administrator denied a request for Nuvigil, citing non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. A February 7, 2014, progress note is notable for comments that the applicant had formerly worked as a banker and later as a security guard until his injury. The applicant was on Duragesic, Nuvigil, Flexeril, Motrin, Lidoderm, Voltaren, Neurontin, Seroquel, Ambien, Cymbalta, and Lyrica, it was stated at that point in time. The applicant was reportedly overweight. The applicant was given diagnoses which included chronic insomnia, depression, lumbar spondylolysis, reflex sympathetic dystrophy, cervicgia, low back pain, asthma, and ankle pain. Duragesic was refilled. An earlier note of December 27, 2013 was notable for comments that the applicant again had multifocal pain complaints. The applicant was house confined and was using a cane to move about. The applicant was having issues with anxiety, depression, and frustration, it was stated. The applicant was status post earlier spinal cord stimulator trial, implantation, revision, and removal, it was noted. The applicant requested that the claims administrator pay to have his bathroom remodeled on this date. It was stated that the applicant was using Nuvigil for depression and fatigue. A psychiatry progress note of December 18, 2013 was notable for comments that the applicant carries mental health diagnosis and major depressive disorder with psychosis, chronic, and generalized anxiety disorder with a resultant Global Assessment of Functioning (GAF) of 35 through 40. The applicant was given

prescriptions for Neurontin, Seroquel, Ambien, Remeron, Cymbalta, Abilify, and Lyrica, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 250MG #30 WITH ONE REFILLS: 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), Pain, Armodafinil (Nuvigil).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8.

Decision rationale: The MTUS does not address the topic directly; however, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines note that prescribing provider who prescribes the medication for an indication not approved in the FDA labeling has the responsibility to be well informed about the medication and furnish evidence that its usage is in fact scientific and evidence based. In this case, the Food and Drug Administration (FDA) notes that Nuvigil is a prescription medication used to improve wakefulness in adults who are very sleepy due to one of the following diagnosed sleep disorders: Narcolepsy, obstructive sleep apnea, and/or shift-work disorder. In this case, however, the applicant does not have any polysomnographically-confirmed diagnosis of narcolepsy or obstructive sleep apnea. There was no mention of narcolepsy or obstructive sleep apnea being listed amongst the stated operating diagnoses. The applicant is not working, making a shift-work disorder unlikely. The prescribing provider has stated that Nuvigil is being prescribed for depression and fatigue. However, these are not FDA approved indications for this medication. Since the attending provider has not furnished any compelling evidence which support provision of this medication for non-FDA labeled purposes, the request is not medically necessary.