

Case Number:	CM14-0012360		
Date Assigned:	02/21/2014	Date of Injury:	04/13/2009
Decision Date:	06/26/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Psychiatry 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 injured worker (IW) is a 48 year old male with date of injury 4/13/2009. Report from 11/25/2013 indicated that he is being seeing by a psychiatrist for medication management and also by a psychologist for cognitive behavioral therapy. The reports states that IW developed metabolic syndrome post injury due to increased cortisol levels from living with stress, PTSD sympmatology, depression, anxiety and insomnia and well as due to living with chronic pain. Per that report, he weighs 295 lbs. It is listed that he continues to use the CPAP since the sleep apnea has been diagnosed and is now treated. Nuvigil is being prescribed to address the daytime sleepiness due to depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

POS NUVIGIL TAB 250 MG DAY SUPPLY: 30 QTY: 30 REFILLS: 3: 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 Other Medical Treatment Guideline or Medical Evidence: PDR- NUVIGIL® (armodafinil)

Decision rationale: NUVIGIL® (armodafinil) Tablets [C-IV] is a prescription medicine used to improve wakefulness in adults who experience excessive sleepiness due to one of the following diagnosed sleep disorders: obstructive sleep apnea (OSA), shift work disorder (SWD), or narcolepsy. The IW seems to carry a diagnosis of sleep apnea, although there is no sleep study report available in the submitted documentation. It appears that Nuvigil is being prescribed for excessive sleepiness, however it is known for abuse and dependence and thus long term treatment is not recommended. Per report from 11/25/2013, Nuvigil is being prescribed to address the daytime sleepiness due to depression. Nuvigil is not indicated for the same by the FDA. Medical necessity cannot be established at this time based on review of the submitted documentation.