MAXIMUS Federal Services

Case Number:	CM14-0017361		
Date Assigned:	04/14/2014	Date of Injury:	11/20/2006
Decision Date:	05/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 58-year-old male who reported an injury on 11/20/2006. The mechanism of injury was not provided for review. The injured worker ultimately underwent a lumbar fusion in 2009. The injured worker's post-surgical pain was managed with medications and trigger point injections. The injured worker was evaluated on 01/23/2014. It was documented that the injured worker had had an acute flare up of back pain radiating into the right lower extremity. It was documented that injured worker had adequate pain control with current medications. Those medications included Opana extended release, Opana IR for breakthrough pain, and Nuvigil for opioid induced sedation. Physical findings included restricted range of motion of the lumbar spine secondary to pain with 4/5 motor strength weakness in the left lower extremity. The injured worker's diagnoses included disc displacement of the lumbar spine without myelopathy, degenerative lumbar spine disease, lumbosacral intervertebral disc disease, and low back pain. The injured worker's treatment plan included trigger point injections and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR NUVIGIL 250MG 1 TAB EVERY MORNING #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) Pain (Updated 1/7/14) - Armodafinil (Nuvigil).

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, Provigil (Nuvigil).

Decision rationale: The Expert Reviewer's decision rationale: The requested prescription for Nuvigil 250 mg 1 tablet every morning #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this medication. Official Disability Guidelines recommend this medication for daytime drowsiness due to disease processes such as narcolepsy. This medication is not recommended for opioid induced side effects. It was noted within the documentation that the injured worker is prescribed this medication due to opioid induced drowsiness. As this is not supported by guideline recommendations, this medication is not supported. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested prescription for Nuvigil 250 mg 1 tablet every morning #30 is not medically necessary or appropriate.