

Case Number:	CM14-0139677		
Date Assigned:	09/05/2014	Date of Injury:	02/25/2004
Decision Date:	10/09/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation 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 is a 49 year old male who reported an injury on 02/25/2004 from slip and fall. The injured worker was diagnosed with constipation, left lower quadrant groin pain, left inguinal hernia, and hemorrhoids. The injured worker was treated with medications and surgery. Diagnostic studies were not provided within the medical records. The injured worker had an inguinal hernia repair in 12/2003, in 12/2004 exploratory surgery to replace mesh from hernia repair, and in 12/2005 surgery to clip the nerves that were causing the pain. On the clinical note dated 08/04/2014, the injured worker complained of inguinal groin pain and opioid induced constipation; was noted to be 70% improved with current regimen. The injured worker was alert and oriented with normal sensory and motor function. The injured worker was prescribed butrans 10mcg/hr and 15 mcg/hr transdermal patch alternating every 7 days, Colace 50mg twice daily, miralax 17gm daily, nuvigil 250mg twice daily. The treatment plan was for nuvigil 250mg. The rationale for the request was injured worker worked up to 16 hours a day, nuvigil lasted 8hours, counter acts the sedation from the medications taken for pain. The request for authorization was submitted for review on 08/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg #240: 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, Chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Chronic Pain, Armodafinil (Nuvigil)..

Decision rationale: The request for Nuvigil 250mg #240 is not medically necessary. The injured worker complained of inguinal groin pain and opioid induced constipation. The Official Disability Guidelines do not recommended Nuvigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. There should be heightened awareness for potential abuse of and dependence on this drug. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The injured worker is prescribed butrans 10mcg/hr and 15 mcg/hr transdermal patch alternating every 7 days for pain and nuvigil 250mg twice daily for sedation. The injured worker works 16 hour shifts. The prescribing physician did not provide documentation of the injured worker's medication regimen being decreased to relieve the sedation effects. There is a lack of documentation of the efficacy of the medication. The guidelines do not recommend to counteract sedation effects of narcotics; which the injured worker is noted to utilize the medication for. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Nuvigil 250mg #240 is not medically necessary.

Nuvigil 250mg #360 (modify): 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, Chronic

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

Decision rationale: The request for Nuvigil 250mg #360 (modify) is not medically necessary. The injured worker complained of inguinal groin pain and opioid induced constipation. The Official Disability Guidelines do not recommended Nuvigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. There should be heightened awareness for potential abuse of and dependence on this drug. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The injured worker is prescribed butrans 10mcg/hr and 15 mcg/hr transdermal patch alternating every 7 days for pain and nuvigil 250mg twice daily for sedation. The injured worker works 16 hour shifts. The prescribing physician did not provide documentation of the injured worker's medication regimen being decreased to relieve the sedation effects. There is a lack of documentation of the efficacy of the medication. The guidelines do not recommend to counteract sedation effects of narcotics; which the injured worker is noted to utilize the medication for. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity

of the medication. As such, the request for Nuvigil 250mg #360 (modify) is not medically necessary.