

<b>Case Number:</b>	CM14-0139718		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/15/1997
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Family Practice 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 67-year-old male claimant sustained a work injury on July 15, 1997 involving the low back. He was diagnosed with lumbar radiculopathy. A progress note on July 16, 2014 indicated claimant had poor quality of sleep. He had previously been on Provigil and Lunesta. His other medications included Flexeril, Oxycontin, Pristiq, Diovan, Lipitor, Wellbutrin and Advair. Exam findings showed that he was in no acute distress and that he was well groomed and nourished. The lumbar spine had reduced range of motion and paravertebral tenderness. Lumbar facet loading was positive on both sides as well as straight leg raise testing. He was recommended to hold his Provigil and try Nuvigil to avoid daytime sleepiness secondary to opioid use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg #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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nuvigil and pain guidelines

**Decision rationale:** "The ACOEM and MTUS guidelines do not comment on Nuvigil. According to the ODG guidelines, Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep. In this case, the claimant had mixed symptoms of insomnia, fatigue and concentration issues. His medications likely contribute to his symptoms. Altering those medication rather than providing Nuvigil may be appropriate. The use of Nuvigil is not medically necessary.