

<b>Case Number:</b>	CM14-0159325		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 patient is a 45-year-old male with a date of injury of 04/01/2009. The listed diagnoses per [REDACTED] are: Sprain/strain of the cervical spine and chronic pain syndrome. According to progress report, 09/02/2014, the patient presents with cervical sprain, chronic pain, myofascial tension at the thoracic region, and migraine headaches. The patient's current medication regimen includes: Lyrica, Ranitidine 150 mg, Wellbutrin XL 150 mg, Lamictal 100 mg, Omeprazole 20 mg, Frova 2.5mg and Cialis 5mg. There is a signed opiate contract from 01/30/2013, but no urine drug screens are provided. Examination of the cervical spine revealed cervical facet pains and myofascial tension. Examination of the shoulder revealed increased pain with deep pressure on the shoulders. There is decreased range of motion on the left with flexion, adduction, and abduction. The provider is requesting Nuvigil 150 mg #30. Utilization review denied the request on 09/15/2014. Treatment reports from 02/26/2014 through 09/02/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg QD #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 Chapter, 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 (chronic) chapter; Nuvigil

**Decision rationale:** This patient presents with neck and shoulder pain. The provider is requesting Nuvigil 150 mg #30 for "daytime drowsiness due to impaired REM sleep." Progress report 09/02/2104 indicates that the patient has sleep dysfunction due to pain. Patient's focus has decreased in the daytime, and provider would like to trial Nuvigil. Utilization review denied the request stating that Nuvigil may further increase patient's inability to sleep at night given its stimulant properties. The ODG Guidelines under its pain section has the following regarding Nuvigil, "Not recommended solely to counter sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work disorder." In this case, the provider is requesting Nuvigil as the patient's sleep has deteriorated due to chronic pain. ODG's indication for this medication is for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. This patient does not meet any of the indications for this medication. Therefore, this request is not medically necessary.