

Case Number:	CM14-0179355		
Date Assigned:	11/03/2014	Date of Injury:	08/11/2000
Decision Date:	12/26/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 Preventive Medicine, 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:

According to the records made available for review, this is a 67-year-old male with an 8/11/01 date of injury. At the time (10/2/14) of request for authorization for Retrospective Nuvigil DOS 10/2/2014, there is documentation of subjective (continued neck pain with associated cervicogenic headaches, pain radiating to the upper extremities, and daytime somnolence due to required pain medications) and objective (moderate tenderness to palpation over the upper mid thoracic spine, limited range of motion of the thoracic spine, and decreased sensation along the lateral arms and forearms bilaterally) findings, current diagnoses (thoracic spine sprain/strain, thoracic spine disc bulges, xerostomia secondary to chronic Opiate use, and medication induced gastritis), and treatment to date (chiropractic treatments and medications (including ongoing treatment with Norco, Nuvigil, and Zanaflex since at least 5/15/14)). There is no documentation of excessive sleepiness caused by narcolepsy or shift work sleep disorder and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nuvigil use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nuvigil DOS 10/2/2014: 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); Medication, 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, Armodafinil (Nuvigil), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of excessive sleepiness caused by narcolepsy or shift work sleep disorder, as criteria necessary to support the medical necessity for Armodafinil (Nuvigil). In addition, ODG does not recommend the use of Armodafinil solely to counteract sedation effects of Narcotics. Within the medical information available for review, there is documentation of diagnoses of thoracic spine sprain/strain, thoracic spine disc bulges, xerostomia secondary to chronic Opiate use, and medication induced gastritis. However, despite documentation of subjective (daytime somnolence due to required pain medications) finding, there is no documentation of excessive sleepiness caused by narcolepsy or shift work sleep disorder. In addition, given documentation of ongoing treatment with Nuvigil, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nuvigil use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective Nuvigil DOS 10/2/2014 is not medically necessary.