

Case Number:	CM14-0180247		
Date Assigned:	11/04/2014	Date of Injury:	05/23/2003
Decision Date:	12/10/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/30/2014

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 Occupational 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:

63 year old female injured her lower back at work on 23 May 2003 when she stepped wrong while delivering a package. She was diagnosed with lumbar degenerative disc disease with chronic low back pain. Co-morbid conditions include anxiety and bipolar depression. Presently she complains of low back and knee pain. Exam in Oct 2014 showed mildly antalgic gait, myofascial tenderness in the lumbosacral area and a normal neurologic exam. There were no radiologic reports available for review. Her last urine drug screen was in Nov 2013. Treatment has included lumbar medial branch block (80% improvement in pain), TENS, home exercise program and medications (Lidoderm patch, Celebrex, Duragesic, morphine, Nuvigil, Norco, Neurontin, Lamictal, gabapentin and Mobic). Current medications are Norco, Neurontin, Lamictal, gabapentin and Mobic that give her 70% improvement in pain and function. The Nuvigil is being requested to treat early morning hypersomnolence (assume caused by medication side effects).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250 mg, QTY: 30 with 1 refill: 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), Treatment Index, 12th Edition (web), 2014. Pain - Nuvigil

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints, Chapter 15 Stress Related Conditions Page(s): 25-6,291,389,393. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Morgenthaler TI; Kapur VK; Brown TM; Swick TJ; Alessi C; Au- rora RN; Boehlecke B; Chesson AL; Friedman L; Maganti R; Owens J; Pancer J; Zak R; Standards of Practice Committee of the AASM. Practice parameters for the treatment of narcolepsy and other hypersomnias of central origin. SLEEP 2007;30(12):1705-1711.

Decision rationale: Nuvigil (armodafinil) is a wakefulness-promoting agent used to treat excessive sleepiness caused by sleep apnea, narcolepsy, or shift work sleep disorder. Treatment of excessive sleepiness or hypersomnolence is directed by knowledge of the cause. Before assuming a secondary cause, such as medication side effects, primary causes should be assessed. The MTUS does not address this issue but the ACOEM guidelines note that psychological disease as well as stress can interfere with normal sleep. Indications for use of this agent in this patient is unclear as formal evaluation for a sleep disorder or other primary or secondary causes of hypersomnolence has not been accomplished and thus medical necessity has not been established.