

Case Number:	CM14-0021362		
Date Assigned:	05/07/2014	Date of Injury:	09/17/2010
Decision Date:	07/21/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 Texas and New York. 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 52 year old female who reported an injury on 09/17/2010 due to unknown mechanism. The injured worker had complaint of bilateral neck pain, right shoulder pain, and bilateral wrist pain. The physical examination on 05-22-2014 revealed tenderness upon palpation of the cervical paraspinals muscles bilateral C2-C7 facet joints. The patient had tenderness upon palpation of the right shoulder and right wrist. The right shoulder range of motion was limited by pain in all directions. The right shoulder impingement signs, including Nerr's and Hawkin's were positive. The cervical range of motion was restricted in all directions by pain. Diagnostic studies were not submitted. The patient's medications included Zolpidem 10mg for sleep, Percocet 10/325mg one every four hours, Clo-Rite, Atenolol, Cicyclomine. Prior medications were Morphine Sulphate Instant Release 15mg every 4-6 hours as needed, Flector patch, NSAIDs, Percocet 10/325mg one every six hours, methadone 5mg one every six hours, Lyrica, Robaxin, Tizanidine 2mg 1-2 tablets twice a day as needed, and duragesic patch 50mcg one every three days. The diagnoses for the injured worker were status post positive fluoroscopically guided diagnostic right C4-C5 and right C6-C7 facet joint medial branch block, bilateral cervical facet joint pain at C4-C5, C5-C6, C6-C7, cervical facet joint arthropathy, bilateral upper cervical facet joint pain, anterior cervical discectomy and fusion, right rotator cuff tear, right shoulder impingement, right shoulder internal derangement, bilateral wrist pain. The treatment plan was to continue with medications and follow with orthopedic surgeon. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 250 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Criteria for Use. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The injured worker is on opioids and a muscle relaxer which can cause sleepiness. There was no diagnosis for this medication. Sleep studies were not submitted. Official Disability Guidelines states not recommended solely counteracting sedation effects of narcotics. Nuvigil (Armodafinil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is potential for abuse and dependence on this drug. The injured worker is taking opioids which cause sedation. Therefore, the request is not medically necessary.