

Case Number:	CM14-0021654		
Date Assigned:	05/05/2014	Date of Injury:	09/29/1999
Decision Date:	07/25/2014	UR Denial Date:	01/30/2014
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 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:

The patient is a 64-year-old female who has submitted a claim for spinal/lumbar degenerative disc disease, left knee pain, and low back pain associated with an industrial injury date of 09/29/1999. The medical records from 07/24/2013 to 11/27/2013 were reviewed and showed that patient complained of low back and left knee pain. Pain grade, associated radiation, and aggravating factors were not specified. The physical examination of the lumbar spine revealed paravertebral muscle tenderness and restricted range of motion with flexion, extension, and lateral flexion. The lumbar facet loading and flexion, abduction, external rotation test were positive. The straight leg raise test was negative. Deep tendon reflexes were 1+ for both lower extremities. Sensation to light touch was decreased on the right lateral leg and first 2 toes of the right foot. The physical examination of the left knee revealed tenderness to palpation over the medial joint line and patellar dislocation. MMT was 5/5 on the left lower extremity. The treatment to date has included left total knee arthroscopy, left total knee arthroplasty, revision of total left knee arthroplasty, Oxycodone, Norco, Kadian, Alprazolam, Nuvigil, Lexapro, and Cymbalta. A utilization review, dated 01/30/2014, denied the request for prescription of Nuvigil 250mg #60 because the rationale for providing this medication in the treatment of this work injury was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUVIGIL 250MG #60: 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 Chapter, Armodafinil (Nuvigil).

Decision rationale: The California MTUS does not specifically address Armodafinil (Nuvigil). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. The ODG states that Armodafinil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case, the patient was prescribed Nuvigil 250mg #60 since 07/24/2013 without providing clear indication for use. Moreover, the recent medical records (09/25/2013 to 11/27/2013) did not state complaints of excessive sleepiness. Therefore, the request for prescription of Nuvigil 250mg #60 is not medically necessary.