

Case Number:	CM14-0023404		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2010
Decision Date:	07/15/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/24/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54 year old female with a reported injury on 08/09/2010. The mechanism of injury was not provided. The injured worker had an exam on 02/17/2014. She complained of neck pain and chronic headaches. She had hypersensitivity over the superior portion of scalp to right side and intermittent difficulty with balance. She also complained of difficult vision in right eye with intermittent blurriness and pressure and some numbness and pain to left upper extremity. Her pain level was at a 5/10. Her cervical range of motion was flexion 35 degrees, extension 45 degrees, right rotation 70 degrees and left rotation 70 degrees. Her medications were Lyrica, Celebrex, and Flector patches. Her diagnoses were cervical sprain/strain, post-traumatic headaches, post cervical contusion, thoracic sprain/strain, paresthesia of left arm and right frontal region of head and lumbar sprain/strain. The treatment plan was a trial session of biofeedback, to continue current treatment with chiropractor and pain management doctors. On 02/03/2014 the injured worker had an exam with the neurologist/ psychiatry. At that time the Nuvigil was offered but the injured worker declined the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 TABLETS OF NUVIGIL 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for 100 tablets of Nuvigil 100 mg is non-certified. The Official Disability Guidelines (ODG) states Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. There is a lack of documentation regarding any diagnosis of excessive sleepiness. The request did not provide the frequency of dose. The injured worker was offered the Nuvigil on 02/03/2014 and declined. As such, the request is not medically necessary.