

<b>Case Number:</b>	CM14-0035259		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	11/09/1995
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 11/9/95. A utilization review determination dated 2/26/14 recommends non-certification of armodafinil. On 1/14/14 medical report identifies low back pain radiating into the lower extremities 6/10. Pump refills at the 3-week interval has made a huge difference in the way he feels and in his pain control. The Nuvigil samples have been very helpful in controlling his narcolepsy. According to the patient, the narcolepsy was diagnosed through a sleep study about the time of his injury. He is able to get up in the morning, get more done, be more productive, and has been able to read and stay awake without difficulty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Armodafinil (Nuvigil)150mg:qty:30 (30 day supply) related to lumbar spine as outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines.

**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:** California MTUS does not address the issue. So ODG notes that it is not recommended solely to counteract sedation effects of narcotics, as it is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no clear documentation of a diagnosis of narcolepsy or shift work sleep disorder. The patient apparently told the provider that a sleep study diagnosed narcolepsy, but the results of the sleep study are not documented. Additionally, a sleep study alone does not establish the diagnosis of this condition and there is no documentation of other symptoms/findings consistent with that diagnosis rather than sedation from narcotics. Therefore, Armodafinil (Nuvigil)150mg#30 (30 day supply) related to lumbar spine as outpatient is not medically necessary.