MAXIMUS Federal Services

Case Number:	CM14-0037522		
Date Assigned:	06/25/2014	Date of Injury:	03/10/2009
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Internal Medicine and is licensed to practice in Arizona. 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 61 year old female who was injured in 2009 when a combative patient shoved a table into her back. This resulted in her having an L4-5 fusion. She now has ongoing bilateral radiculopathy in her lower extremities and lower back pain which she describes as a hot burning, discomfort. She does work full time; her current employment was not described, yet she reported driving during the day. This patient has taken physical therapy, uses a TENS and a brace to help her with walking. She benefits from epidurals. She has had various problems with her medications. Lyrica helped her symptoms; but she stopped it because of blurriness. Nucynta is constipating and causes excessive sedation; but, it gave her good relief. She takes Hydrocodone once or twice/day; but, again because of sedation has had to endure pain with a rating of 5/10.Nuvigil has been requested to reduce daytime sedation that presumably is caused by her opiates. There have been no sleep evaluations to determine if there are any other issues that could be contributing to somnolence. She does drink alcohol; but it is unclear what amount she consumes/ daily. She is 190 pounds and 61 inches tall.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation RxList Website.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Armodafinil: Drug Information. Approach to the Patient with Excessive Daytime Sleepiness, [redacted].

Decision rationale: There is no readily available Guideline that addresses the efficacy of using stimulants to overcome the sedative effects of Opiates and whether it leads to functional improvement. The Nuvigil is a Central Nervous System Stimulant with an indication to improve wakefulness when there is narcolepsy, Shift Work Sleep Disorders or Obstructive Sleep Apnea. It is reasonable to think this patient might benefit if it would enable her to get more pain relief and still be able to drive and perform her other duties. Nuvigil however, should be used with caution whenever driving or operating machinery. Prior to starting a patient on this medication it is recommended to fully evaluate the patient for any sleep disorders. Specifically, in light of this patient's obesity and unknown quantity of alcohol consumption, a better history should be documented. She could benefit from an overnight sleep study to rule out any sleep apnea, restless legs disorder or narcolepsy. If there are any disorders, they should be addressed and then the patient could undergo a trial of Nuvigil. There would need to be good documentation to determine benefit and whether there is any functional improvement. Without all of this information being available, at this time Nuvigil is not found to be medically necessary.