

Case Number:	CM14-0039186		
Date Assigned:	06/27/2014	Date of Injury:	10/06/2012
Decision Date:	08/13/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/03/2014

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 Family 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:

44 years old male claimant sustained a work related injury on 10/6/12 involving the head, neck, and wrists. He was diagnosed with traumatic brain injury, cervical radiculopathy, headaches, and carpal tunnel syndrome and flexor tendonitis. His pain had been treated with opioids, muscle relaxants and benzodiazepines. Neurontin had been used for neuropathy. A neuropsychological assessment on 9/26/13 indicated he fatigues easily, had difficulty with concentration, but also has insomnia due to pain. A progress note on 2/7/14 noted the claimant had been on Neurontin, Buspar, Tramadol and Depakote. At the time he was using Nuvigil to help him with increasing attention and concentration as well as sleep better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg #30: 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-TWC) Pain Procedure Summary last updated 03/18/2014, 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 ACOEM and MTUS guidelines do not comment on Nuvigil. According to the ODG guidelines, Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep. In this case, the claimant had mixed symptoms of insomnia, fatigue and concentration issues. His other medications likely contribute to his symptoms. Altering those medications rather than providing Nuvigil may be appropriate. The use of Nuvigil is not indicated in this case. As such, the request for Nuvigil 250mg #30 is not medically necessary and appropriate.