

Case Number:	CM14-0058614		
Date Assigned:	07/09/2014	Date of Injury:	02/16/2011
Decision Date:	09/30/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This is a 52-year-old male patient who reported an industrial injury on 2/16/2011, 3 ½ years ago, attributed to the performance of his customary work tasks. The patient is receiving treatment for the diagnoses of disorder of the bursa and tendons of the shoulder; lateral epicondylitis of the elbow and tenosynovitis for the hand and wrist. The patient reports having pain to multiple body parts along with chronic fatigue. The patient is being treated by a rheumatologist. The patient complains of shoulder pain with limited range of motion; neck pain with spasms; and lower back pain. The objective findings on examination included no new joint swelling; normal neurological examination; no rheumatoid arthritis deformities; cervical tenderness; SMC tenderness bilaterally; trapezius muscle spasm bilaterally; bilateral shoulder tenderness with limited range of motion. The diagnosis was postoperative shock and myalgias/myositis. The treatment plan included tramadol 150 mg ER; Prilosec; cyclobenzaprine; gym membership for one year and Nuvigil 250 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250 mg: 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) Treatment in Workers' Compensation, Pain Procedure Summary (updated 10/14/2013).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306, Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6 pages 114-116.

Decision rationale: The patient has been prescribed Nuvigil 250 mg in order to keep the patient awake while on his other medications. The medication is approved for the treatment of Narcolepsy; obstructive sleep apnea/hypopnea syndrome OSAHS; and shift work sleep disorder. There is no evidence-based medicine recommendation to counter the effects of pain management medication or opioids with another stimulant medication. The patient does not meet the criteria recommended by evidence-based guidelines for this medication and there is no industrial indication for the prescription of this medication. The patient is not diagnosed with Narcolepsy; sleep apnea and does not perform shift work. There is no objective evidence documented that the patient has Narcolepsy, OSAHS, or work shift sleep disorder on an industrial basis or as a nexus to this industrial claim. There is no medical necessity for the use of this medication to counter act the effects of pain management medications. It is not clear that the polypharmacy prescribed to this patient does not account for the excessive daytime sleepiness for which the patient is prescribed yet another medication to stay awake. There is no demonstrated medical necessity for the prescribed Nuvigil 250 mg. Therefore, the request for Nuvigil 250 mg is not medically necessary or appropriate.