

<b>Case Number:</b>	CM14-0063631		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/08/2000
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 Geriatrics and is licensed to practice in New York. 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 35 year old man with a date of injury of 9/8/00. He was seen by his physician on 4/23/14 with complaints of a flare up of pain and hypersensitivity in his right lower extremity with swelling and redness, asking for a pain injection. He was taking methadone, morphine, Lyrica, and Elavil. He had been evaluated by a pain clinic in 4/13 who recommended continuing narcotics, pool therapy and that he might be a good candidate for a spinal cord stimulator trial. His physical exam showed 1+ edema of the right lower extremity with erythema and allodynia symptoms to light touch and summation of pin prick. He had right thigh and calf atrophy and reflexes were 1+ at the ankles and knees with limited right knee range of motion. Patellar compression was painful and stability tests revealed valgus laxity and negative McMurray and Apprehension signs. His diagnoses included history of ACL repair with disruption of the saphenous nerve with severe complex regional pain syndrome, intermittent episodes of swelling and erythema in the right lower extremity, hypogonadism from narcotic use and anxiety and depression. He received a narcotic injection and medications were continued. At issue in the review is the prescription of Nuvigil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250mg 30 Tablets:** 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 Other Medical Treatment Guideline or Medical Evidence: Up-to-date: Nuvigil drug information.

**Decision rationale:** This injured worker has chronic right lower extremity pain with an injury sustained in 2000. Nuvigil is a central nervous system stimulant indicated in the treatment of narcolepsy, obstructive sleep apnea and shift work sleep disorder. The records do not document a sleep disorder or narcolepsy in this injured worker to substantiate the use of Nuvigil. Request is not medically necessary.