

Case Number:	CM14-0068891		
Date Assigned:	07/14/2014	Date of Injury:	11/28/2001
Decision Date:	10/02/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/13/2014

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 Occupational 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:

Patient is a 55 year-old male with date of injury 12/28/2001. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/08/2014, lists subjective complaints as chronic back pain. Objective findings: Examination of the lumbar spine revealed spinous process tenderness along L4-5 Lumbar facet loading was positive on both sides. Straight leg test was positive on the left side in sitting at 45 degrees. Faber was positive. Trigger point with radiating pain and twitch response on palpation at lumbar paraspinal muscles on right and left trapezius muscle. Diagnosis: 1. Post laminectomy syndrome lumbar 2. Radiculitis thoracic/lumbosacral 3. Lumbago 4. Lumbar degenerative disc disease. In addition to the requested medication, the patient is taking Soma, Oxymorphone, Vicodin, Valium, and Alprazolam. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medications: 1. Nuvigil 150mg, #60 SIG: QD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th Edition (Web), 2014, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain (Chronic), Armodafinil (Nuvigil)

Decision rationale: The patient is taking soma, Oxymorphone, Vicodin, Valium, and Alprazolam; each of these drugs is sedating. The Official Disability Guidelines state that Armodafinil (Nuvigil) is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Nuvigil is not medically necessary.