

Case Number:	CM14-0079779		
Date Assigned:	07/18/2014	Date of Injury:	08/04/2010
Decision Date:	09/24/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 41 year old female injured on 08/04/10 when she attempted to stand up from underneath the desk and experienced acute low back pain. Diagnoses include postlaminectomy pain syndrome, status post L4 to S1 lumbar laminectomy, status post incision and dressing for postoperative infection, severe constipation with bright red blood per rectum, internal hemorrhoids, and chronic pain syndrome with fibromyalgia fog. Clinical note dated 04/30/14 indicated the injured worker presented bawling completion of colonoscopy with findings of bright red blood per rectum with diagnosis of internal hemorrhoids. The injured worker reported discontinuation of Amitiza with improvement in constipation, discontinuation of Tramadol by psychiatrist due to potential interaction with antidepressants, and is requesting medication due to continued severe pain; continued problems with fibromyalgia type fog with difficulty concentration and requesting use of Nuvigil were also reported. Objective findings included slightly guarded and restricted gait, limitation in lumbar spine flexion with pain, and referred back pain with straight leg raise. Documentation indicates the injured worker continued to have persistent problems with difficulty in concentration and depression following initial injury with continued care of psychiatrist. Medications included Wellbutrin and Ambien. Treatment plan included trial of Vicoprofen 7.5/200 milligrams one tablet twice daily, and Nuvigil 150 milligrams once daily. The initial request for Nuvigil tab 150 milligrams once daily quantity thirty, no refills was initially noncertified 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil tab 150 mg Day, Quantity: 30 Refills:0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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),Amodafinil (Nuvigil).

Decision rationale: As noted in the Official Disability Guidelines, 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. It is very similar to Modafinil. It is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. As such, the request for Nuvigil tab 150 milligrams quantity thirty no refills cannot be recommended as medically necessary.