

Case Number:	CM14-0084633		
Date Assigned:	07/21/2014	Date of Injury:	11/02/1972
Decision Date:	08/27/2014	UR Denial Date:	05/24/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation, 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 78-year-old male who reported injury on 11/02/1972. The medication history included Nuvigil and Abilify as of at least 03/2014. The documentation of 05/09/2014 revealed the injured worker sleeps for about 8 to 10 hours. The injured worker denied side effects from the medications. The treatment plan included a continuation of Nuvigil 150 mg half daily #15 with 2 refills and Abilify 2 mg daily #30 with 2 refills. The diagnosis was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Nuvigil 150mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work loss data Institute. Pain (chronic). Encinitas (CA): Work Data institute, 2013 Nov. 14. various p.

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.

Decision rationale: The Official Disability Guidelines indicate Nuvigil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treatment excessive

sleepiness caused by narcolepsy or shift work sleep disorder. The clinical documentation submitted for review failed to provide documented rationale for the use of the medication. The documentation indicated the injured worker had utilized the medication for at least 2 months. The efficacy of the requested medication was not provided. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Additionally, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for 1 prescription of Nuvigil 150 mg with 2 refills is not medically necessary.