

Case Number:	CM14-0085169		
Date Assigned:	07/23/2014	Date of Injury:	06/12/2001
Decision Date:	09/19/2014	UR Denial Date:	05/15/2014
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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 64-year-old male who reported an injury on 06/12/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 04/29/2014 indicated diagnoses of displacement of cervical disc without myelopathy, degenerative cervical intervertebral disc, and post laminectomy syndrome of the cervical region, cervicogenic headache, cervicocranial syndrome, brachial neuritis/radiculitis, and spasms of the muscle. The injured worker reported he continued to have neck pain and arm pain and headaches. The injured worker reported headaches that were 2 to 3 days a week and numbness and tingling in his hands and arms. The injured worker reported his worst pain was in the neck and headaches as well as his low back pain. The injured worker reported average pain was 8/10. Functional level since last visit was 7/10. The injured worker reported poor sleep quality due to pain; however, he was not using a sleeping aid. On physical examination, the injured worker had ongoing baseline cervical pain that radiated down both arms to his hands with onset of headache from the back of the head/occipital right greater than left with numbness and tingling to his hands. The injured worker had cervical crepitus with rotation and decreased range of motion in the cervical area and the injured worker reported low back pain. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's treatment plan included continued medications, consider surgical consult, continue mental health maintenance, continue medication management and await results of new cervical MRI. The injured worker's medication regimen included Celebrex, Colace, Fentora, Gralise, Nucynta, Nuvigil, Prevacid, and Ativan. The provider submitted the request for Nuvigil. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg #30: Upheld

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

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

Decision rationale: The request for Nuvigil 250 mg #30 is not medically necessary. The Official Disability Guidelines do not recommend Nuvigil solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for excessive sleepiness or narcolepsy. Additionally, there was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a frequency. Therefore, the request for Nuvigil 250 mg #30 is not medically necessary.