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| <b>Case Number:</b>   | CM14-0086073 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 01/01/2000 |
| <b>Decision Date:</b> | 08/29/2014   | <b>UR Denial Date:</b>       | 06/03/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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 Nevada. 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 records presented for review indicate that this 66 year-old individual was reportedly injured on January 1, 2000. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 16, 2014, indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated a 5'2", 116-pound individual who is normotensive (136/72). The injured employee described as well-nourished, well-developed, and in no acute distress, an antalgic gait pattern is reported. There is tenderness in the lower lumbar region, tenderness over the bilateral iliac crests, motor is noted to be antigravity x4 and no other neurologic findings are reported. Diagnostic imaging studies were not reviewed. Previous treatment includes multiple medications (to include Methadone), pain management interventions, fusion surgery, and left thumb surgery. A request had been made for the medication Nuvigil and was found to be not medically necessary in the pre-authorization process on June 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - TWC PAIN PROCEDURE.

**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 updated July, 2014.

**Decision rationale:** When noting the date of injury, the injury sustained, the multiple surgical interventions and the current medication protocol being employed there is no clear clinical indication presented for this medication. As outlined in the Official Disability Guidelines, (MTUS and ACOEM do not address) this medication is not recommended to counteract the effects of narcotics. Furthermore, the injured employee is taking medication for sleep and is using Methadone for pain. Therefore, there is no clinical indication presented why this medication is being employed. The medical necessity has not been established.