

Case Number:	CM14-0092603		
Date Assigned:	07/25/2014	Date of Injury:	04/06/2002
Decision Date:	09/08/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

This 56 year old female injured worker has a date of injury of 4/5/02 with related neck, thoracic, low back, bilateral upper extremity, and bilateral knee pain. Per evaluation dated 5/9/14, she rated her pain 5/10 to 9/10, and complained of numbness and burning pain to her mid and lower back. She complained of numbness radiating down to her right lower extremity including both hands; and pins and needles sensation in her neck. An MRI of the lumbar spine (date unknown) revealed no significant abnormalities except for a tiny central disc protrusion at L3-L4. A cervical MRI (date unknown) revealed broad-based disc bulges at C4-C5 and C6-C7 with mild spinal stenosis and a slightly larger disc bulge or protrusion at C5-C6. She has been treated with psychotherapy, acupuncture, physical therapy, and medication management. The date of UR decision was 5/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg Qty 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-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 MTUS is silent on the use of Nuvigil. Per the ODG it 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." The documentation submitted for review does not contain evidence of narcolepsy or shift work sleep disorder. No indication for the prescription of this medication was provided. Medical necessity cannot be affirmed. As such, the request is not medically necessary and appropriate.