

<b>Case Number:</b>	CM14-0186147		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 31 year old male who sustained injury on 10/26/2011. Per the Utilization Review report the injury occurred as the patient was moving a bicycle out of the way and he felt a pull in his lower back. The diagnoses were chronic Lumbalgia, lumbosacral spondylosis, degenerative disc disease of the lumbar spine, right lower extremity pain and severe right hip pain, rule out labral tear and opioid dependence. The injured worker complained of a sharp, achy, throbbing pain of the low back and right leg that is decreased with medication and rest. In addition he complains of insomnia. He takes pain medication. His pain level is nine out of ten without medication and seven out of ten with medication. MRI dated 1/29/14 of the lumbar spine was unremarkable and MRI of the right hip (same date) revealed a small tear of the anterior acetabula labrum extending superiorly, minimal right gluteal insertion strain and likely small left trochanteric bursitis. Per documentation 3/5/2014, the injured worker has returned to work with the following permanent work restrictions: to avoid lifting greater than 40 pounds as a single lift and 20 pounds repeatedly. In addition to pain medication an orthopedic consult was requested. On 4/9/14 a urine drug screen was obtained which was consistent with narcotic medication use. As of 10/1/14 the physical exam revealed the injured worker to be in no acute distress. The recommendation for stretching exercise and keeping a pain diary was discussed. The injured worker remains on narcotic pain medication which he feels decreases his pain and increases his functioning and again, a request for orthopedic consult was documented. On 10/9/14 Utilization Review non-certified Nuvigil 150 mg tablet 60 per bottle based on the guidelines not recommending this medication solely to counteract sedation effects of narcotics. Nuvigil is recommended for sleep disturbances but there is no reference to sleep disturbances or rationale to add this medication other than narcotic use.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nuvigil 150 MG 1 By Mouth Every Morning #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 (ODG)

**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

**Decision rationale:** CA MTUS is silent on the use of Nuvigil. ODG addresses the use of Armodafinil (Nuvigil) in the section on Pain. It is not recommended solely to counteract the sedative effects of opioids. It is indicated for use in treatment of narcolepsy and or shift work sleep disorder. Neither narcolepsy nor shift work sleep disorder is documented in this case. Therefore, Nuvigil is not medically necessary.