

Case Number:	CM14-0190363		
Date Assigned:	11/21/2014	Date of Injury:	05/24/2012
Decision Date:	01/09/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine 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 patient is a 55-year-old male who has submitted a claim for traumatic brain injury with multiple fractures, left shoulder rotator cuff tear, right shoulder pain status post clavicle fracture, depression and vertigo associated with an industrial injury date of May 24, 2012. Medical records from 2014 were reviewed. The patient complained of neck pain and left shoulder pain. The patient felt very nervous, anxious and hopeless. He reported no functional improvement with his medication regimen. Physical examination of the left shoulder showed tenderness, limited motion, and positive Hawkin's sign. Treatment to date has included craniotomy on 2012, left shoulder surgery, left shoulder intra-articular injection, exercise program, psychotherapy, hydrocodone, Brintellix and Nuvigil (since September 2014). The utilization review from November 7, 2014 denied the request for Nuvigil 250mg, #30 because of no documentation concerning functional improvement with medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg 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 (chronic)

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) Other Medical Treatment Guideline or Medical Evidence:

Decision rationale: CA MTUS does not specifically address Armodafinil (Nuvigil). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. ODG states that Armodafinil 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. In this case, the patient was prescribed Nuvigil since September 2014. However, there is no documentation concerning functional improvement derived from its use. There is also no clear rationale for prescribing Nuvigil in this case. The medical necessity cannot be established due to insufficient information. Therefore, the request for Nuvigil 250mg qty #30 is not medically necessary.