

<b>Case Number:</b>	CM14-0190377		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	02/02/2000
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation and is licensed to practice in Wisconsin. 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 63-year-old male with a date of injury of 02/02/2000. The mechanism of injury was not indicated. His relevant diagnoses included low back pain, spinal lumbar degenerative disc disease, and spasm of the muscles. Past treatments included medications, physical therapy, bracing, and H-Wave unit treatments. Diagnostic studies included an x-ray of the left hip, lumbar spine x-ray and magnetic resonance imaging (MRI) of the right knee. The clinical note dated 06/05/2014 noted the injured worker was prescribed Provigil due to sedation related to other medications as well as daytime fatigue and decreased energy levels. The provider indicated Provigil was effective in providing the injured worker relief in order to perform his activities of daily living. However, the provider indicated Provigil was not approved; therefore, Nuvigil was recommended. On 09/25/2014, it was noted the injured worker complained of low back ache and right knee pain, and he rated his pain 8/10 with medications and 9/10 without medications. He did not report any change in location of the pain or new side effects from the medications. The injured worker continued to have complaints of daytime fatigue and decreased energy due to his pain medication regimen. The injured worker reported that without using Nuvigil he spent 80% of his day in bed. The injured worker's medication regimen included Skelaxin 800 mg, ibuprofen 800 mg, Lidoderm 5% patch, Flexeril 10 mg, Lexapro 20 mg, Flector 1.3% patch, Norco 10/325 mg, Avinza 30 mg, and Nuvigil 150 mg. The duration of the medications, with the exception of Nuvigil, was greater than one year. The injured worker was prescribed Ritalin and Provigil prior to June 2014 when Nuvigil was prescribed. The treatment plan was to continue the current pain medication regimen. The request was for 1 prescription of Nuvigil 150 mg #30 and the rationale was the medication alleviated his fatigue and sedation caused by his opioid medication regimen. The Request for Authorization form dated 10/07/2014 was included.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 request for Nuvigil 150mg #30 is not medically necessary. The injured worker was prescribed Nuvigil due to sedation related to other medications as well as daytime fatigue and decreased energy levels. The Official Disability guidelines state, it is "not recommended solely to counteract sedation effects of narcotics until first considering reducing excessive narcotic prescribing." It is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. According to documentation submitted, it was noted that the injured worker is not currently working, and had a prior authorization of Nuvigil on 06/13/2014 after a failure with the use of Ritalin, as it created additional sedation. The documentation indicated Nuvigil is prescribed for the purpose of counteracting narcotic medication related sedation. As the guidelines do not recommend the use of Nuvigil solely for the reduction of sedation related to opioid medications, the request would not be indicated. There is a lack of documentation to support an appropriate diagnosis for the use of Nuvigil. As submitted, the request failed to address the frequency of the Nuvigil. As such, the request for Nuvigil 150mg #30 is not medically necessary.