

<b>Case Number:</b>	CM14-0194745		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/06/2000
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 57 year old female with an injury date of 08/06/00. All progress reports provided are hand written and largely illegible. Per 7 progress reports dated 09/02/14 to 11/11/14, the patient presents with sharp pain, depression and fatigue. It is unclear if the patient is working. Examination shows muscle spasms and stiffness. The patient's diagnoses include: 1) MDD, 2) Fibromyalgia, 3) CRPS. Medications are listed as Lyrica, Cymbalta, Nucynta and Diazepam. The utilization review being challenged is dated 11/07/14. Reports are provided from 01/21/14 to 11/11/14..

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**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, Provigil (Modafinil)

**Decision rationale:** The patient presents with sharp pain, depression and fatigue. The treater requests for NUVIGIL (Amodafinil) per report of unknown date. The 11/07/14 Utilization review states that the RFA date is 10/24/14. The ACOEM and MTUS guidelines do not discuss Amodafinil. However, ODG, Pain Chapter, Provigil guidelines have the following regarding Provigil (Modafinil): "Not recommended solely to counteract sedation effects of narcotics." Modafinil is used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder. It is very similar to Amodafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. The treater does not appear to discuss this request or the intended use of this medication in the reports provided. There is no evidence of sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder for which the medication is indicated. ODG does not support the use of this medication solely to counteract sedation effects of narcotics. The request is not medically necessary.