

Case Number:	CM14-0043381		
Date Assigned:	07/02/2014	Date of Injury:	04/03/2011
Decision Date:	04/14/2015	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/10/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on April 3, 2011. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having chronic pain and right rib pain. Treatment to date has included oral and injected medication. Currently, the injured worker complains of back pain, and persistent right rib and thoracic pain. The Primary Treating Physician's report dated February 25, 2014, noted the injured worker starting to ride her bike again at the gym, with an increase in leg cramps and pain in her right hip and leg. The injured worker noted relief from fatigue associated with the chronic pain with the Nuvigil. The injured worker was noted to have prescriptions for Colace, Cymbalta, Lidoderm topical, Neurontin, Nuvigil, Acetaminophen-Hydrocodone, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 50mg tab; 1 tab PO daily #30; no refills: 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) (updated 1/7/14) Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: Regarding the request for Nuvigil, California MTUS and ACOEM do not contain criteria for the use of Nuvigil, ODG states the Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the currently requested Nuvigil is not medically necessary.