

Case Number:	CM15-0002793		
Date Assigned:	01/21/2015	Date of Injury:	02/03/2005
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/06/2015

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: Internal Medicine

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 51-year-old female with a date of injury as 02/03/2005. The current diagnoses include left C5-C6 disc herniation with left ventral cord compression and left cervical radiculitis, fibromyalgia, post-lumbar laminectomy syndrome, major depression, morbid obesity, insulin treated diabetes mellitus, and narcotic dependency. Previous treatments include multiple medications, lumbar spine fusion and discectomy, home interferential unit, and acupuncture. Report dated 08/19/2014 noted that the injured worker presented with complaints that included severe neck pain, upper extremity numbness and tingling, and global body pain and difficulty with sleep. Physical examination revealed lumbar spine tenderness and decreased range of motion, decreased cervical spine range of motion, positive axial head compression test, positive left Spurling, and left upper extremity weakness by Jamar. The physician noted that the Nuvigil was prescribed for fatigue, daytime somnolence related to fibromyalgia fog. It was further noted that there is no drug-seeking behavior and drug screens are appropriate as well as CURES reporting. Documentation submitted did not contain a current list of medications, urine drug screenings, or the CURES report. The injured worker is permanently disabled. The utilization review performed on 12/22/2014 non-certified a prescription for MS Contin and MSIR based on no pain contract, pill count, behavioral evaluation, CURES report, or urine drug screen submitted for review to indicate lack of drug misuse/abuse and Nuvigil based on the off-label use is not supported by the guidelines. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg, quantity: thirty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic) Armodafinil (Nuvigil) FDA Prescribing Information Nuvigil Armodafinil <http://www.drugs.com/pro/nuvigil.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Nuvigil (Armodafinil). FDA Prescribing Information indicates that Nuvigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD). Official Disability Guidelines (ODG) indicates that Armodafinil (Nuvigil) 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. The medical records do not document the diagnoses of obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD). The request for Nuvigil is not supported by FDA or ODG guidelines. Therefore, the request for Nuvigil is not medically necessary.