

Case Number:	CM15-0100965		
Date Assigned:	06/03/2015	Date of Injury:	11/04/1993
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old male patient, who sustained an industrial injury on 11/4/93. The diagnoses include lumbago and spinal lumbar degenerative disc disease. Per the doctor's note dated 4/2/15, he had complaints of complains of lower backache. Pain levels are reported as unchanged his last visit. He rates his pain as 8/10 with medications and 10/10 without. His quality of sleep is also reported as poor. Per the doctor's note dated 5/7/2015, he had complains of lower backache. The physical examination of the lumbar spine revealed tenderness, restricted range of motion and positive straight leg rising bilaterally. The medications list includes testim, lyrica, oxycontin, lunesta, senokot S, nuvigil, norco, metformin and cymbalta. He has had home exercise program for this injury. He has had urine drug screen on 9/11/2014 and 10/9/2014. His treatment plan includes medication refill of Nuvigil 150mg, 1 tablet in the morning, as needed, QTY: 30 for chronic fatigue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg, 1 tablet in the morning as needed, 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 (ODG), Formulary Nuvigil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 06/15/15) Armodafinil (Nuvigil).

Decision rationale: Request Nuvigil 150mg, 1 tablet in the morning as needed, QTY: 30
Per the cited guidelines 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. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. (Tembe, 2011) For more information see also Modafinil (Provigil), where it is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. Recently Cephalon produced a campaign advertising Nuvigil's ability to help shift workers stay alert on the job without impeding their ability to sleep during the day. The FDA is conducting an investigation into the possibility that this advertising or promotional information may have violated current regulations. (SEC, 2011)" A detailed clinical evaluation note documenting a diagnosis of narcolepsy is not specified in the records provided. Evidence of excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea is not specified in the records provided. Evidence of excessive sleepiness associated with shift-work sleep disorder is not specified in the records provided. Any objective evidence of a specific measurable functional impairment due to sleep disturbances is not specified in the records provided. The medical necessity of Nuvigil 150mg, 1 tablet in the morning as needed, QTY: 30 is not medically necessary for this patient.