

Case Number:	CM15-0131762		
Date Assigned:	07/20/2015	Date of Injury:	11/02/1972
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 79-year-old male who sustained an industrial injury on 11/02/72. Initial complaints and diagnoses are not available. Treatments to date include medications and psychological counseling. Diagnostic studies are not addressed. Current complaints include daytime sleepiness and poor energy. Current diagnoses include schitzo-affective disorder. In a progress note dated 06/05/15 the treating provider reports the plan of care as medications including Abilify and Nuvigil. The requested treatments include Abilify and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150 mg Qty 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Black, J. E., et al. (2010).

Decision rationale: MTUS guidelines are silent regarding the use of Nuvigil. Armodafinil (Nuvigil) is indicated to use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. According to the patient file, there is no documentation of sleepiness from shift work disorder and narcolepsy. The sleepiness is most likely related to the use of opioids. Therefore, the request for 15 Nuvigil 150mg is not medically necessary.