

Case Number:	CM15-0138036		
Date Assigned:	07/27/2015	Date of Injury:	03/13/1996
Decision Date:	08/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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 56 year old male sustained an industrial injury on 3/13/96. He subsequently reported back pain. Diagnoses include lumbar post-laminectomy syndrome. Treatments to date include MRI testing, spine surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain. Upon examination, there was tenderness to the midline lumbar region and SI joint. Reduced spine range of motion was noted. Positive Fontan figner and Gaenslen's tests were noted. The medical records also note a diagnosis of sleep apnea. A request for Nuvigil Tab 150mg #30 with 3 refills was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil Tab 150mg #30 with 3 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, Pain, Armodafinil (Nuvigil); <http://dailymed.nlm.nih.gov>.

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/Armodafinil (Nuvigil).

Decision rationale: According to ODG, Armodafinil (Nuvigil) is not recommended solely to counteract sedation effects of narcotics. Per ODG, Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The medical records do not establish a diagnosis of excessive sleepiness caused by narcolepsy or shift work sleep disorder to support this medication. As noted by the guidelines, Nuvigil is not recommended to counteract sedation of narcotics. The request for Nuvigil Tab 150mg #30 with 3 refills is not medically necessary and appropriate.