

Case Number:	CM15-0140336		
Date Assigned:	07/30/2015	Date of Injury:	11/02/2012
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/20/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of November 2, 2012. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for Nuvigil. The claims administrator referenced a June 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 11, 2015, the applicant's psychiatrist noted that the applicant remained depressed and had issues with poor sleep. The applicant was given a primary operating diagnosis of major depressive disorder (MDD). The applicant was asked to continue Cymbalta. Trazodone was increased. The Nuvigil was encouraged owing to issues with daytime somnolence and fatigue. It was not precisely stated what diagnosis the Nuvigil was targeting. On May 11, 2015, the applicant was again given prescriptions for Cymbalta, Desyrel, and Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg #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), Pain, Armodafinil (Nuvigil).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8.

Decision rationale: No, the request for Nuvigil, a stimulant, is not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the June 11, 2015 progress note did not clearly state whether previously prescribed Nuvigil had or had not proven effectual. The applicant was first given Nuvigil on May 11, 2015. It was not explicitly stated that introduction of Nuvigil had proven beneficial in terms of ameliorating the applicant's issues with daytime sleepiness and tiredness. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should furthermore, furnish compelling evidence to support such usage. While the Food and Drug Administration (FDA) does acknowledge that Nuvigil is indicated in the treatment of obstructive sleep apnea, narcolepsy, and/or shift work disorder, here, however, there was no mention of the applicant's carrying any of the aforementioned diagnoses. Rather, it was stated the applicant was having difficulty sleeping secondary to ongoing issues with depression and/or chronic pain. Usage of Nuvigil for such purposes, thus, ran counter to the FDA label. The attending provider failed to furnish a clear or compelling rationale or medical evidence which would support usage of Nuvigil for non-FDA labeled role. Therefore, the request is not medically necessary.