

Case Number:	CM15-0147942		
Date Assigned:	08/11/2015	Date of Injury:	07/30/1998
Decision Date:	09/24/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/30/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP), panic disorder, major depressive disorder (MDD), generalized anxiety disorder (GAD) reportedly associated with an industrial injury of July 30, 1998. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for Nuvigil. The claims administrator referenced a progress note and RFA form of July 13, 2015 office in its determination. The applicant's attorney subsequently appealed. On July 20, 2015, the applicant presented reporting 7/10 low back and right leg pain complaints. The applicant had undergone a failed lumbar laminectomy surgery, it was reported. The applicant was on Wellbutrin, Nuvigil, Cymbalta, Percocet, OxyContin, and Voltaren gel, it was reported. Multiple medications were renewed and/or continued, including both OxyContin and Percocet. The attending provider stated that the applicant would be sedentary and have diminished activity levels without his medications. Permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working, although this did not appear to be the case. In a July 13, 2015 psychiatry note, the applicant was given diagnoses of major depressive disorder, panic disorder, and generalized anxiety disorder. The applicant was asked to continue Cymbalta, Wellbutrin, Remeron, Nuvigil, and Cialis. It was stated that Nuvigil was being endorsed for daytime fatigue purposes but that the applicant was only using the same quite sparingly, once or twice monthly. The applicant was placed off of work from a mental health perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7 and 8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Armodafinil (Nuvigil) and Other Medical Treatment Guidelines U.S. Food and Drug Administration.

Decision rationale: No, the request for Nuvigil was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate 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. The Food and Drug Administration (FDA) notes, however, that Nuvigil is indicated in improving wakefulness associated with obstructive sleep apnea, narcolepsy, or shift-work sleep disorder. Here, however, there was no mention of the applicant's carrying diagnoses of obstructive sleep apnea, shift-work disorder, or narcolepsy for which usage of Nuvigil would have been indicated. The applicant was not working, the treating psychiatrist acknowledged on July 13, 2015, making a diagnosis of shift-work disorder unlikely. There was no mention of the applicant's carrying a diagnosis of polysomnographically-confirmed sleep apnea or narcolepsy. It appeared, thus, that Nuvigil was being employed once to twice monthly for the non-FDA labeled role of combating sedation associated with other medications. ODGs Chronic Pain Chapter Modafinil topic also notes that Nuvigil is not recommended solely to counter the sedative effects associated with narcotic usage. Continued usage of Nuvigil here, thus, ran counter to both the FDA label and the ODG position on the same. Therefore, the request was not medically necessary.