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| <b>Case Number:</b>   | CM15-0168820 |                              |            |
| <b>Date Assigned:</b> | 09/09/2015   | <b>Date of Injury:</b>       | 06/08/2000 |
| <b>Decision Date:</b> | 10/08/2015   | <b>UR Denial Date:</b>       | 08/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/27/2015 |

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 44 year old female who sustained an industrial injury on 06-08-2000. According to a progress report dated 07-07-2015, chief complaints included headache, back pain, neck pain, hand pain, knee pain and foot pain. Pain was rated at least an 8 and at worst a 9. Pain was characterized as sharp, dull, throbbing, burning, aching, electricity and pins and needles. Pain was constant and radiating. It was increased by activity and decreased by rest. The denial for right L5 lumbar epidural steroid injection was overturned and was scheduled for 07-20-2015. Examination was positive for right lumbar radicular signs and skin lesion on right lateral calf. Assessment included unspecified thoracic lumbar neuritis-radical, reflex sympathetic dystrophy lower limb, reflex sympathetic dystrophy upper limb and spinal stenosis lumbar without neurogenic. Opioid medication was decreasing pain level and improving function. Medications included Buprenorphine-Naloxone and Nuvigil. Medications prescribed included Suboxone, Nuvigil, Cymbalta, Zofran, Linzess, Lactulose, Topamax, Imitrex, Lidoderm patches. She was to return in 1 month for a follow up. An authorization request dated 07-07-2015 was submitted for review. The services requested included Suboxone #90, Nuvigil 250 mg #30, Cymbalta 60 mg #30, Zofran 8 mg #90, Linzess 145 mcg #30 and Topamax 50 mg #90. On 08-03-2015, Utilization Review non-certified the request for Nuvigil 250 mg #30 noting that the medical records did not establish that the injured worker suffered from excessive sleepiness caused by narcolepsy or shift work sleep disorder. Documentation submitted for review shows that the injured worker had been prescribed Nuvigil dating back to 03-12-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250mg #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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Armodafinil (Nuvigil).

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2000 due to left hand repetitive trauma with subsequent diagnoses included CRPS and lumbar radiculopathy. In March 2015 she had recently started taking Nuvigil. When seen, she was having pain rated at 8-9/10. Physical examination findings included right lumbar radicular signs. She had a BMI of 35.5. A lumbar epidural injection was pending. Medications being prescribed included Suboxone. Nuvigil was being continued. Armodafinil (Nuvigil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is not recommended solely to counteract the sedating effects of opioid medications. In this case, there is no indication for this medication. If the claimant has daytime somnolence then an evaluation for other medical conditions such as insomnia or obstructive sleep apnea should be considered. The request is not medically necessary.