

<b>Case Number:</b>	CM15-0169287		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	02/26/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/04/2015
<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: California, Massachusetts  
 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 injured worker is a 33 year old female, who sustained an industrial injury on February 26, 2011, resulting in pain or injury to the right knee. Currently, the injured worker reports right knee pain. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain, muscle spasm, and right knee pain. Per the Primary Treating Physician's progress report, dated July 27, 2015, noted the injured worker rated her pain with medications as a 3 on a scale of 1 to 10, and a 6 on a scale of 1 to 10 without medications. The injured worker's quality of sleep was noted to be poor. The documentation provided also indicates the injured worker reported her right knee pain improved since the previous visit attributed to her current medication regimen and continuing doing physical therapy she learned at home. The injured worker reported increasing drowsiness during the day, due to her intermittent sleep of approximately 4-5 hours per night. The injured worker's work status was noted to be temporarily totally disabled. The treating physician indicates that a urine drug screen (UDS) on March 2, 2015, was consistent with medication usage, a CURES dated March 30, 2015, was consistent, and a MRI of the right knee noted to be unremarkable on April 16, 2012. Prior treatments have included at least 12 sessions of physical therapy, right knee surgery in June 2013, and current medications including Lidoderm patches, Norco, Cymbalta, Flexeril, Ibuprofen, and Nuvigil, initiated as a trial on June 25, 2015, as the injured worker reported increasing drowsiness during the day due to her intermittent sleep of approximately 5 hours per night. Vicodin was noted to be discontinued. The request for authorization was noted to have requested Nuvigil 50mg tablet SIG take 1 daily in the morning x30. The Utilization Review

(UR) dated August 4, 2015, non-certified the request for Nuvigil 50mg tablet SIG take 1 daily in the morning x30, as not medically necessary, as the documentation did not indicate the injured worker had tried reducing the use of narcotic in order to decrease their symptoms.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nuvigil 50mg tablet SIG take 1 daily in the morning X 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, Armodafinil (Nuvigil).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** Nuvigil is an anti-narcolepsy medication that helps prevent drowsiness and sleep. From the medical records, it appears this medication was prescribed to combat side effects related to the IW's multiple medications that are causing somnolence including Norco, cymbalta, flexeril. Adding another medication to treat the side effects of multiple other medications puts the IW at risk for poly-pharmacy. The provider does not document if attempts were made wean down off other medication that may be causing the reported somnolence. Consequently, the requested medication is not medically necessary at this time.