

Case Number:	CM15-0181316		
Date Assigned:	09/22/2015	Date of Injury:	07/17/2004
Decision Date:	11/10/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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: Internal 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 63 year old male, who sustained an industrial-work injury on 7-17-04. He reported initial complaints of left foot-ankle (fracture), lumbar, and cervical pain. The injured worker was diagnosed as having lumbar sprain, cervical sprain, reflex sympathetic dystrophy (RSD) of the left foot and left ankle pain. Treatment to date has included medication, diagnostics, dorsal column stimulator and revision but failed. Currently, the injured worker complains of pain to left ankle and foot, lower back, and neck. The pain was constant and rated 8-9 out of 10. Pain decreased with medications. Per the primary physician's progress report (PR-2) on 8-11-15, exam noted bilateral tenderness and spasms of the cervical and trapezius muscles, bilateral tenderness and spasm of the L3-5 paraspinal muscles. Cervical spine exam had decreased range of motion and motor strength was adequate. The lumbar spine had decreased range of motion. There was a swollen lateral left ankle and allodynia on left dorsal foot noted. Current plan of care includes home exercise program, medication, and follow up diagnostics. The Request for Authorization requested service to include Nuvigil 250mg, 1/day #30. The Utilization Review on 8-26-15 denied the request for Nuvigil 250mg, 1/day #30, per Official Disability Guidelines, Pain Chapter, Nuvigil (Armodafinil).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg, 1/day #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, Pain Chapter, Nuvigil (Armodafinil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 9260 and version 103.0; topic 97846 and version 1.0; topic 7681 and version 18.0; topic 14890 and version 5.0.

Decision rationale: Armodafinil or nuvigil is a CNS stimulant medicine used for treatment in narcolepsy, OSA, and shift-work disorder. It is used to improve wakefulness in these patients. Adverse effects include headache, palpitations, increased heart rate, rash, nausea, tremor, and fever or flu like symptoms. In treatment for shift workers with sleep disturbances, behavioral methods are first utilized such as sleep hygiene, behavioral treatment, exogenous melatonin, or short acting hypnotics. If despite these methods symptoms persist, optimizing wakefulness at work include such modalities as naps before or after shifts, caffeine, or wake promoting agents such as Provigil or nuvigil. Patients with narcolepsy may require meds if symptoms are severe enough. Up to date suggests an initial trial of modafinil or Provigil because it seems to give less side effects than other utilized medications such as methylphenidate or Ritalin or other amphetamines. Again, with idiopathic hypersomnia medications are utilized if other measures are ineffective. Medicines include modafinil, armodafinil, methylphenidate, or amphetamines. Of these, modafinil is suggested by Up to date as first-line therapy. In our case, there is a lack of documentation of symptoms, which would necessitate the utilization of Nuvigil. There is no documentation of the use of behavioral or natural methodologies to treat somnolence. Also, Nuvigil can have side effects that could be deleterious to the patient. For all these reasons, the UR was correct in denying the use of this medication. The request is not medically necessary.