

Case Number:	CM15-0184099		
Date Assigned:	09/24/2015	Date of Injury:	03/19/2003
Decision Date:	11/10/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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 61 year old male, who sustained an industrial injury on 3-19-2003. The injured worker is undergoing treatment for: post lumbar laminectomy syndrome, low back pain, mood disorder, post cervical laminectomy syndrome. On 8-27-15, he reported pain rated 5 out of 10 with medications and 10 out of 10 without medications. There is notation of no new problems or side effects and poor quality of sleep. The subjective findings do not indicate the body part. Objective findings revealed him to be utilizing a scooter and cane for ambulation, low back support brace, tenderness, muscle spasms and tightness of the low back, and he is noted to be unable to heel-toe walk. He is reported to show no signs of intoxication or withdrawal. The treatment and diagnostic testing to date has included: weight loss program, medications, cervical spine laminectomy and lumbar spine laminectomy (dates unclear). Medications have included: Ambien, Nuvigil, Wellbutrin, Opana ER, Cymbalta 30mg, Cymbalta 60mg, Androderm patches, Dilaudid, Celebrex, MiraLax, Docusate sodium, Linzess, Flexeril, and Lactulose. The records indicate he has been utilizing Nuvigil since at least February 2015, possibly longer. Current work status: not working. The request for authorization is for: Nuvigil 250mg quantity 30 with 5 refills. The UR dated 9-14-2015: non-certified Nuvigil 250mg quantity 30 with 5 refills; and certified Dilaudid 8mg quantity 120 for weaning purposes, and Opana ER 40mg quantity 120 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg quantity 30 with five 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, Modafinil.

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 March 2003 and continues to be treated for chronic pain including diagnoses of cervical and lumbar post laminectomy syndrome. When seen, medications were decreasing pain from 10/10 to 5/10. He was having difficulty sleeping. Physical examination findings included morbid obesity. He appeared to be in moderate pain. He had paravertebral muscle spasm with tenderness and tightness and was noted to be wearing an old brace. There was decreased left lower extremity sensation and strength testing was limited by pain. Medications were prescribed including opioids at a total MED (morphine equivalent dose) over 600 mg per day. Authorization is being requested for Nuvigil. 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 until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. In this case, the claimant's opioid dosing is more than 5 times the recommended 120 mg MED per day. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level, which is excessive. A six-month supply was provided indicating continued long-term use of opioids and this medication. Nuvigil is not considered medically necessary.