

Case Number:	CM15-0190371		
Date Assigned:	10/02/2015	Date of Injury:	04/03/2009
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 49 year old male who sustained an industrial injury on 04/03/2009. Medical records indicated the worker was treated for calcaneal fracture, chronic pain syndrome, lateral epicondylitis, and lumbosacral sprain-strain injury. In the provider notes of 09-08-2015, the worker complained of pain, discomfort and tenderness in the calcaneal foot area. Other complaints included depression, anxiety, stress and occasional insomnia. He walks with a limp, using a single point cane for stair climbing, and he is tender in both feet the elbow and low back. Objective findings include lumbosacral tenderness to palpation, painful range of motion of the lumbar spine, and positive straight leg rising. Deep tendon reflexes are equal in bilateral lower extremities. Medications have included Norco (since at least 08-2012) Omeprazole (since 09- 2013), and Flexeril (since 05-2015). The treatment plan includes continuation of pain medications and Omeprazole for his stomach upset, and new prescriptions Xanax (for anxiety) of Nuvigil (a medication that promotes wakefulness) prescribed 09-02-2015 in a psychiatric follow-up). His work has restrictions on activities. A request for authorization was submitted for Xanax 0.5mg #45 and Nuvigil 50mg #30. A utilization review decision 09/16/2015 certified the request for Xanax 0.5mg #45, and non-certified the request for Nuvigil 50mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 50mg #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 (Chronic): Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) FDA.gov- Nuvigil.

Decision rationale: MTUS is silent regarding the use of Nuvigil. Per FDA guidelines, Nuvigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD). The injured worker does not suffer from obstructive sleep apnea (OSA), narcolepsy, or shift work disorder (SWD) for which this medication is FDA approved for. It appears that Nuvigil is being used as "Off label" for wakefulness secondary to drowsiness from the sedating medications that she is being prescribed. Nuvigil has risk for abuse and dependence. The request for Nuvigil 50mg #30 is not medically necessary based on the above information.