

Case Number:	CM15-0191227		
Date Assigned:	10/05/2015	Date of Injury:	12/04/1997
Decision Date:	11/10/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 52 year old male who sustained an industrial injury on 12-04-1997. A review of the medical records indicated that the injured worker is undergoing treatment for rheumatoid arthritis, cervical disc displacement and long term medication use. According to the treating physician's progress report on 08-17-2015, the injured worker continues to experience total body pain, chronic fatigue, and difficulty sleeping and morning gel phenomenon for approximately 2 hours. Examination of the hands, knees and wrists demonstrated no new joint swelling and normal neurological evaluation. Prior treatments have included chronic pain management. Current medications were listed as Simponi, Nuvigil, Methotrexate, Gabapentin, Ativan, Theramine, Plaquenil and Prilosec. Treatment plan consists of continuing with chronic pain management and medication regimen and the current request for Nuvigil 150mg #30. On 09-09-2015, the Utilization Review determined the request for Nuvigil 150mg #30 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg #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 www.drugs.com/nuvigil.

Decision rationale: This 52 year old male has complained of total body pain and cervical spine pain since date of injury 12/4/1997. He has been treated with physical therapy and medications. The current request is for Nuvigil. Per the guidelines cited above, Nuvigil is a medication indicated for the treatment of narcolepsy, shift work disorder, obstructive sleep apnea and hypopnea syndrome. The available medical records do not document or provide supporting evidence of any of these conditions. On the basis of the available medical records and per the guidelines cited above, Nuvigil is not indicated as medically necessary.