

Case Number:	CM15-0195397		
Date Assigned:	10/09/2015	Date of Injury:	01/18/2006
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old male who sustained a work-related injury on 1-18-06. An updated psychological status report on 8-12-15 revealed the injured worker was being treated for major depressive disorder and pain disorder associated with both psychological factors and general medical condition. Other diagnoses included lumbar disc displacement, post-laminectomy syndrome of the lumbar spine, and degeneration of lumbar intervertebral disc, lumbar radiculopathy and chronic pain syndrome. He remained on Lexapro 40 mg and Pristiq 100 mg for his depression and received Nuvigil for energy. He used Lunesta and Seroquel for sleep and Oxycodone 3 mg for pain. He continued to use Flector patches as well. His Beck Depression Inventory score was 30 and his Sleep Questionnaire score was 33. A Beck Anxiety Inventory score was 21. On 8-24-15 the injured worker had a percutaneous electrical nerve stimulator placed. He reported that he did not sleep well and he wakes in the morning feeling tired. A request for Nuvigil tab 250 mg #30 with no refills was received on 8-19-15. On 9-1-15, the Utilization Review physician determined Nuvigil tab 250 mg #30 with no refills 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 tab 250mg #30, No refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Armodafinil (Nuvigil), page 666.

Decision rationale: ODG does not recommend Nuvigil medication solely to counteract sedation effects of narcotics, but may be an option for use to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder, not identified here. Nuvigil is not recommended solely to counteract sedation effects of narcotics 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. Submitted reports have not adequately demonstrated any specific clear indication, clinical findings or ADLs limitations for use of Nuvigil in the patient's listed diagnoses nor document any functional improvement from previous treatment rendered with chronic unchanged symptoms to establish medical indication or necessity outside guidelines recommendations. The Nuvigil tab 250mg #30, No refills is not medically necessary and appropriate.