

Case Number:	CM15-0196758		
Date Assigned:	10/12/2015	Date of Injury:	03/25/2009
Decision Date:	11/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/06/2015

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 56 year old male sustained an industrial injury on 3-25-09. Documentation indicated that the injured worker was receiving treatment for chronic pain and failed back surgery syndrome of thoracic spine and lumbar spine with lumbar radiculopathy. Past medical history was significant for hypertension, systemic lupus erythematosus and bipolar syndrome. Recent treatment consisted of spinal cord stimulator and medication management. In a PR-2 dated 4-8-15, the injured worker complained of lumbar spine and cervical spine pain, rated 8 out of 10 on the visual analog scale. The injured worker walked with an assistive device. The treatment plan included prescriptions for Zubsolve and Nuvigil. In PR-2's dated 5-20-15, 6-17-15, 7-1-15 and 7-29-15, the injured worker complained of pain ranging from 6 out of 10 to 9 out of 10. In a PR-2 dated 8-26-15, the injured worker complained of pain in the lumbar spine and cervical spine, rated 6 out of 10 on the visual analog scale. The physician noted that the injured worker had been experiencing this pain for five years. The injured worker reported that the current medication continued to manage his pain at a tolerable level. No objective findings were documented. The treatment plan included continuing medications (Modafinil, Lyrica, Zubsolve, Oxycodone and Nuvigil). On 9-16-15, Utilization Review noncertified a request for Nuvigil 250mg #7: 7 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil tab 250mg #7 supply: 7 days: 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, 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) 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. 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 #7 supply: 7 days is not medically necessary and appropriate.