

<b>Case Number:</b>	CM15-0022787		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/28/2004
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Washington

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 54-year-old male who reported injury on 10/28/2004. The mechanism of injury was noted to be the injured worker was on a job site wearing his hard hat walking around at ground level, and someone 1 or 2 floors above dropped a big piece of construction plywood from a height of approximately 15 to 20 feet, and it struck the injured worker on the vertex of his head, knocking him down. The injured worker was noted to be unconscious for a brief period of time. The medications were noted to include Norco, Ambien, ability, and Imitrex since at least 2006. Other therapies included physical therapy and psychotherapy. The injured worker was status post spinal fusion. The injured worker underwent x-rays and an MRI for the lumbar spine. The injured worker was noted to be taking Nuvigil since at least 10/2014. The documentation of 12/22/2014 revealed the injured worker was utilizing Nuvigil. The thinking and reasoning was noted to be a little clearer while utilizing the medication. The injured worker's medications were noted to include Wellbutrin XL 300 mg every morning, diazepam 10 mg one, half tablet 4 times a day as needed for anxiety 60 per month, and Restoril 30 mg 1 at bedtime as well as Nuvigil 150 mg every morning. The documentation indicated the injured worker had 2 months written at a time for Restoril and diazepam. The injured worker denied suicidal or homicidal ideation. There was a Request for Authorization submitted for review dated 01/19/2015.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Official Disability Guidelines indicate that Nuvigil is not recommended to counteract sedation effects of narcotics. It is utilized to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The objective functional benefit was not provided. The injured worker was not utilizing the medication for shift work or sleep or narcolepsy. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation of exceptional factors. Given the above, the request is not medically necessary.

**Restoril 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documentation of objective functional benefit for the requested medication. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request is not medically necessary.