

<b>Case Number:</b>	CM15-0029431		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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, Hawaii  
 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:

The injured worker is a 60-year-old male, who sustained an industrial injury on 3/19/03. The injured worker has complaints of back pain radiating from low back down left leg and lower backache and numbness over left leg. The diagnoses have included post lumbar laminectomy syndrome; low back pain; mood disorder and post cervical laminectomy syndrome. The documentation noted that the injured worker was wearing a thoracolumbosacral orthosis (TLSO) brace; on a weight loss program; aqua therapy with increasing strength and medications. According to the utilization review performed on 2/10/15, the requested Nuvigil 250mg #30 3 refills has been non-certified and requested Opana ER 40mg #120 has been denied by Physician Advisor, however 1 month supply allowed for weaning. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines; Official Disability Guidelines Pain Chapter were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250mg #30 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The patient presents with complaints of back pain radiating from low back down left leg and lower backache and numbness over left leg. The current request is for Nuvigil 250 mg #30 3 refills. Nuvigil (armodafinil) is a medication that promotes wakefulness. The clinical history provided does not document how long the patient has been medicated with Nuvigil however usage is noted historically from at least 11/17/14. The treating physician on 2/9/15 (24B) states Quality of sleep is poor. Patient reports that he wakes frequently and feels tired after he has slept. The Injured Worker is not working at this time. ODG states the following regarding Nuvigil, Not recommended solely to counter sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work disorder. ODG's indication for this medication is for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The treating physician states on 2/9/15 that the patient has Post Lumbar Laminectomy Syndrome, Low Back Pain, Mood Disorder Other Dis and Post Cervical Lam. Syndrome. In this case, this patient does not meet any of the indications for this medication. Therefore, the current request is not medically necessary and the recommendation is for denial.