

Case Number:	CM15-0060517		
Date Assigned:	04/06/2015	Date of Injury:	08/08/2010
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 62 year old male, who sustained an industrial injury on 08/08/2010. On provider visit dated 01/26/2015 the injured worker has reported depression, anxiety, and was noted to have an altered perception and stress. Objective examination was unremarkable. The diagnoses have included depressive disorder. Treatment to date has included psychological evaluation, laboratory studies and medication. The provider requested the medication Nuvigil for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150gm #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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Modafinil.

Decision rationale: According to the ODG, Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing.

Use with caution as indicated below. Indications, Modafinil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shiftwork sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the international classification of sleep disorders. According to the documents available for review, the IW has none of the ODG approved indications for the use of this medication. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.