

Case Number:	CM15-0081767		
Date Assigned:	05/04/2015	Date of Injury:	06/18/1992
Decision Date:	06/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/28/2015

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, 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 66 year old male who sustained an industrial injury on 6/18/92. The mechanism of injury is unclear. He currently complains of lower cervical spine pain, cervicogenic headaches and wears a cervical brace; radicular pain and weakness in the upper extremities especially right and left shoulder. As a result of the compensatory consequences of the right shoulder he has developed progressive adhesive capsulitis and painful shoulder. On physical exam there is wasting of the right and left shoulder girdle muscles. He uses a cane for ambulation because of instability and fell in the shower last week injuring his right knee. His pain level is 6/10 but goes as high as 9/10. Medications are MS Contin, OxyContin, Norco, Anaprox, and Prilosec. Diagnoses include right shoulder arthroscopic surgery, open repair and release of the suprascapular nerve; status post multiple surgeries of the cervical spine, cervical spondylosis, multiple fusion of the cervical spine with non-union at C6 level; post-surgical dysphagia; left shoulder impingement syndrome with adhesive capsulitis, loss of range of motion; status post bilateral ulnar nerve release; status post bilateral carpal tunnel release; xerostomia due to chronic opiate use and numerous other medications; status post left carpal tunnel release (2/28/13). Treatments to date include cortisone injection to the left shoulder subacromial region with improved range of motion (9/29/14); Codman exercise program; trigger point injection to the cervical spine with satisfactory outcome (9/29/14); Botulism toxin injection for headaches (11/6/14). Diagnostics include computed tomography of the cervical spine (4/11/14); electromyography of the cervical spine (10/29/10); bone scan lumbar spine (11/20/12); cervical spine MRI (1/19/10, 5/13/08) all testing showed some degree of

abnormalities. In the progress note dated 3/9/15 the treating provider's plan of care includes Nuvigil as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 260mg, 1 by mouth twice a day, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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), Chronic Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: Regarding the request for Nuvigil, California MTUS and ACOEM do not contain criteria for the use of Nuvigil, ODG states the Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the currently requested Nuvigil is not medically necessary.