

<b>Case Number:</b>	CM15-0232060		
<b>Date Assigned:</b>	12/07/2015	<b>Date of Injury:</b>	09/23/2008
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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 is a 48 year old male who sustained a work-related injury on 9-23-08. Medical record documentation on 11-2-15 revealed the injured worker was being treated for chronic lumbar pain and lumbar radiculopathy. He reported continued low back pain and stiffness and had complaints of anxiety, stress and depression. His pain radiated to the bilateral hips, buttocks and bilateral lower extremities to the level of the feet with associated numbness, tingling and weakness. He rated his pain an 8 on a 10-point scale. He reported difficulty sleeping often obtaining 20-3 hours of sleep at a time and waking up frequently due to pain. He reported feeling fatigued during the day and found himself lacking concentration and memory at times. His medication regimen included Vicodin, Zoloft, Nuvigil, Xanax and Tramadol. The submitted documentation did not include a discussion related to the requested treatment or its effectiveness. A request for Nuvigil 150 mg #30 with 2 refills was received on 10-28-15. On 11-4-15, the Utilization Review physician determined Nuvigil 150 mg #30 with 2 refills was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150 mg # 30 x 2 refill:** Upheld

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

**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, under Provigil.

**Decision rationale:** The patient was injured on 09/23/08 and presents with anxiety, depression, and low back pain which radiates to the hips, buttocks, and lower extremities. The request is for NUVIGIL 150 MG # 30 X 2 REFILL. There is no RFA provided and the patient "has worked off and on." The ACOEM and MTUS guidelines do not discuss Armodafinil. However, ODG, Pain Chapter, under Provigil have the following regarding Provigil (Modafinil) : "Not recommended solely to counteract sedation effects of narcotics." Modafinil is used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder. It is very similar to Amodafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. The patient is diagnosed with chronic lumbar pain and lumbar radiculopathy. The 11/02/15 treatment report states that the "patient has continuous episodes of anxiety, stress, and depression due to chronic pain and disability status. The patient has difficulty sleeping, often obtaining 2-3 hours of sleep at a time; waking up frequently due to pain. He feels fatigued through the day and finds himself lacking concentration and memory at times." Although the patient presents with insomnia in the 11/102/15 report, ODG indicates this medication for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and none of these conditions are documented in the progress reports. Therefore, the requested Nuvigil IS NOT medically necessary.