

<b>Case Number:</b>	CM13-0030848		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	09/08/2000
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 35-year-old male who sustained a work-related injury on 9/8/00. His diagnoses include complex regional pain syndrome, swelling and erythema in the right lower extremity, hypogonadism, anxiety, depression, and severe neuropathic burning pain in the lower extremity. The clinical information indicates that the patient was using Nuvigil to offset the lethargy side effects in the morning from the narcotic use. The patient's medications include methadone 10 mg, 4 tablets 3 times a day; and morphine 30 mg, 4 times a day as needed. The most recent evaluation dated 10/24/13 documented subjective complaints of severe pain in the right lower extremity with swelling, redness, and erythema. Physical examination revealed ongoing signs of edema and mild erythema, allodynia, and painful patellar compression. There was some crepitus noted on passive range of motion. The treatment plan included the continuation of the medication regimen, a request for authorizations for a multidisciplinary pain consult and a psychiatric consult, and a request for authorization for aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250mg, #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

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

**Decision rationale:** The Official Disability Guidelines do not recommend the use of Nuvigil solely to counteract the sedation effects of narcotics until after first considering a reduction of excessive narcotic prescribing. The documentation submitted for review indicated that the patient was on high levels of pain medications, but did not indicate that attempts had been made to decrease usage to attempt to decrease sedation effects. Furthermore, the clinical information documents that the patient suffers from insomnia. Therefore, based on the documentation received for this review and the Official Disability Guidelines recommendation, the request is non-certified.