

<b>Case Number:</b>	CM14-0125356		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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/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 56-year-old male who has submitted a claim for major depressive disorder associated with an industrial injury date of 02/12/2008. Medical records from 01/07/2014 to 08/05/2014 were reviewed and showed that patient complained of insomnia and daytime sleepiness. Physical examination revealed alert and oriented to time, place, and person, depressed mood, constricted affect, and fair insight, judgment, and cognition. Of note, there was no documentation of narcolepsy or shift sleep disorder. Treatment to date has included Nuvigil 150mg #30 (prescribed since 06/12/2014) and trazodone. Of note, patient was prescribed Nuvigil for excessive daytime sleepiness. Utilization review dated 08/05/2014 denied the request for Nuvigil 150mg #30 because the patient did not have narcolepsy or shift sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mg #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) Pain Chapter for Nuvigil

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Armodafinil (Nuvigil) Other Medical Treatment Guideline or Medical Evidence:

**Decision rationale:** CA MTUS does not specifically address armodafinil (Nuvigil). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation Official Disability Guidelines (ODG) was used instead. ODG states that armodafinil is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. In this case, the patient was prescribed Nuvigil 150mg #30 since 06/12/2014 for excessive daytime sleepiness. There was no documentation of narcolepsy or shift sleep disorder. The guidelines only recommend Nuvigil 150mg #130 for narcolepsy or shift sleep disorder. Therefore, the request for Nuvigil 150mg #30 is not medically necessary.