

Case Number:	CM14-0132724		
Date Assigned:	08/22/2014	Date of Injury:	02/16/2010
Decision Date:	09/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/19/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 2/16/11 date of injury, and is status post open distal clavicle resection. At the time (8/5/14) of request for authorization for Nuvigil 250mg x30, there is documentation of subjective complaints of bilateral shoulder pain. Objective findings include bilateral shoulder tenderness, crepitus, positive impingement, and decreased range of motion, bilateral wrist tenderness. The current diagnoses is status post right shoulder scope 3/10/11, elbow lateral epicondylitis, tendinitis, cubital tunnel syndrome, bilateral wrist tendinitis, carpal tunnel syndrome, and palmar fasciitis. Treatment to date includes medications, including Ultram and Prilosec. There is no documentation of excessive sleepiness caused by narcolepsy or shift work sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg x 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, 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) Pain, Armodafinill

(Nuvigil).

Decision rationale: MTUS does not address the issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies excessive sleepiness caused by narcolepsy or shift work sleep disorder as criteria necessary to support Armodafinil (Nuvigil). Within the medical information available for review, there is documentation of diagnoses of status post right shoulder scope 3/10/11, elbow lateral epicondylitis, tendinitis, cubital tunnel syndrome, bilateral wrist tendinitis, carpal tunnel syndrome, and palmar fasciitis. However, there is no documentation of excessive sleepiness caused by narcolepsy or shift work sleep disorder. Therefore, based on guidelines and a review of the evidence, the request for Nuvigil 250mg x 30 is not medically necessary.