

Case Number:	CM14-0025403		
Date Assigned:	06/13/2014	Date of Injury:	06/07/2007
Decision Date:	09/17/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/28/2014

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 and 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 injured worker is a 48 year-old male who sustained a severe crunch injury to the upper aspect of the left upper extremity on 06/7/07. He had a substantial ulnar nerve injury and damage to the median nerve. Additionally he has a history of cervical radiculopathy and CRPS affecting the left upper extremity. He has tingles and numbness in the digits on the left. He had a steroid injection. From the most recent report of 12/3/13, he still complains of left upper extremity pain rated at 7/10. Examination then revealed allodynia, positive Tinel's sign at the left ulnar groove, temperature asymmetry and coldness in the left arm and slight gross progression of upper arm and forearm atrophy. He was on Oxycontin ER 80 mg, 1 p.o. t.i.d. #90, Percocet 10-325 mg 1 p.o. q.4 hours p.r.n. RSD pain #180, Nuvigil 250 mg 1 p.o. Q.a.m. #30 refills 5, Keflex 500 mg 1 p.o. t.i.d. #30, Neurontin 100 mg 1 p.o. Q.h.s. x 1 week, then b.i.d. #60, Tapentadol 100 mg 1 p.o. b.i.d. #60. The patient continues to report improvement in symptoms and functioning and no significant side effects with medications. It is noted that the patient has been taking Nuvigil 250 mg #30 30 day supply since at least 7/23/13, with the most recent refill of Nuvigil on 1/6/14. According to the medication history the patient has been taking Oxycodone 15 mg #180 30 day supply since at least 12/10/13, with the most recent refill on 1/3/14. He has been prescribed Oxycontin 60 mg CR #90 30 day supply since at least 8/19/13 with the most recent refill of Oxycontin 80 mg CR#90 30 day supply on 1/6/14. Diagnoses include carpal tunnel syndrome, cervical radiculopathy, cervical herniated nucleus pulposus, neuropathy, upper extremity nerve injury, myofascial pain, cervicalgia, occipital neuralgia, chronic post-traumatic headache, and CRPS of upper extremity with previous cervical spinal cord stimulator placement. The request for Nuvigil 250 mg Qty 30 day supply 30 was previously denied due to lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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).

Decision rationale: Per guidelines, Nuvigil is only indicated for the treatment of excessive sleepiness caused by narcolepsy or shift work disorder, but not indicated for the treatment of sleepiness caused by opioids. In this case, there is no documentation of narcolepsy or shift work disorder. Therefore, the request is considered not medically necessary.