

Case Number:	CM14-0098393		
Date Assigned:	07/28/2014	Date of Injury:	12/19/2001
Decision Date:	10/01/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine 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 53 year old female injured on 12/19/01 as a result of multiple traumatic injuries to include cumulative trauma, cervical spine injury from lifting a box of router slips weighing approximately 40-50 lbs., and lumbar spine injury while assisting in lifting a injured worker experiencing right sided hemiparesis. Diagnoses include carpal tunnel syndrome, chronic neck pain, chemical dependency, degenerative disc disease of the lumbar and cervical spine, cervical and lumbosacral radiculopathy, chronic low back pain, chronic insomnia, and cervical dystonia. Surgical history included incidental shoulder surgery in 2010, C3-4 discectomy for decompression, hardware removal, and fusion 04/13/10, C4-C6 anterior spinal fusion 06/06/06, right carpal tunnel release in 1993, and right upper extremity medial and lateral epicondylar release in 1992. Nurse status report dated 04/18/14 indicated the injured worker gradually improved ability to cope with symptoms and limitations, slightly decreased symptoms and disability focus, accepted multiple difficulties. The injured worker gradually increased activities although remains quite limited and continued to struggle significantly with frequent episodes of more severe depression and passive ongoing suicidal ideation. The note referenced clinical documentation dated 07/08/13 in which the injured worker complained of chronic neck pain, chronic arm pain, and significant ongoing swallowing difficulties. The injured worker had continued complaints of numbness to anterior portion of neck, pain, swallowing difficulties, and unsteadiness of feet. The injured worker continued to wear a collar, reported difficulty looking at herself, headaches, and sleep difficulty. There was no significant change in physical examination. The documentation indicated medication tapering was recommended due to continued refusal to participate in functional restoration program or addiction medicine specialist evaluations. Additionally, the injured worker was no longer evaluated by psychiatrist due to

relocation. The initial request for Nuvigil 100mg twice a day, quantity 60 was initially non-certified on 06/13/14. 12996

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 100 mg; bid Quantity: 60: 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) - Treatment for Worker's Compensation (TWC) Pain Procedure Summary last updated 04/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic),Amodafinil (Nuvigil)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Nuvigil 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. It is very similar to Modafinil. It is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, and it is noted that there should be heightened awareness for potential abuse of and dependence on this drug. As such, the request for Nuvigil 100 mg twice a day Quantity: 60 cannot be recommended as medically necessary.