

Case Number:	CM14-0191923		
Date Assigned:	11/25/2014	Date of Injury:	01/17/2006
Decision Date:	01/13/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 58-year-old woman with a date of injury of 01/17/2006. The submitted and reviewed documentation did not identify the detailed mechanism of injury. A treating physician note dated 08/29/2014 indicated the worker was experiencing decreased vision after an experience with a burst eye blood vessel. The documented examination described no significant abnormal findings. The submitted and reviewed documentation concluded the worker was suffering from moderate to severe recurrent major depressive disorder with incipient psychotic features that was in partial remission. Treatment recommendations included oral medications. A Utilization Review decision was rendered on 10/20/2014 recommending non-certification for thirty tablets Nuvigil (Armodafinil) 75mg each morning for the date of service 08/29/2014. A supplemental report dated 05/12/2014 was also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Nuvigil 75mg q A.M. #30 for DOS: 8/29/14: 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 Armodafinil: Drug information, Topic 9260, version 86.0, UpToDate, accessed 01/08/2015

Decision rationale: Nuvigil (armodafinil) is a medication in the centrally-acting stimulant class. The MTUS Guidelines are silent on this issue. Armodafinil is used to increase wakefulness in those with narcolepsy or shift worker sleep disorder and as part of therapy for obstructive sleep apnea/hypopnea syndrome. The submitted and reviewed documentation concluded the worker was suffering from moderate to severe recurrent major depressive disorder with incipient psychotic features that was in partial remission. Some of armodafinil's known negative side effects include depression, depressed mood, and nervousness. Further, this medication is to be used with caution in those with a history of psychosis or depression. There was no discussion supporting the use of this medication or detailing why the benefit was expected to outweigh these serious risks. In the absence of such evidence, the current request for thirty tablets Nuvigil (armodafinil) 75mg each morning for the date of service 08/29/2014 is not medically necessary.