

<b>Case Number:</b>	CM14-0214698		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/17/2005
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

68y/o male injured worker with date of injury 11/18/05 with related neck, low back, and right knee pain. Per supplemental report dated 11/14/14, the injured worker reported that his neck was more problematic compared to his low back or right knee. However, the right knee also contributed to his inability to exercise. He also complained of erectile dysfunction. Physical exam findings were not documented. The documentation submitted for review did not indicate whether physical therapy was utilized. Treatment to date has included acupuncture, epidural steroid injections, and medication management. The date of UR decision was 11/24/14.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute Official Disability Guidelines (ODG) Treatment in Workers Compensation; Pain

**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), Armodafinil

**Decision rationale:** The MTUS is silent on the use of Nuvigil. Per ODG TWC: "Not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder." The documentation submitted for review does not contain evidence of narcolepsy or shift work sleep disorder. No indication for the prescription of this medication was provided. Medical necessity cannot be affirmed.