

<b>Case Number:</b>	CM14-0077248		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/16/1998
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 02/16/1998. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, imaging, conservative therapies, and lumbar fusion surgery. At the time of the request for authorization, the injured worker complained of constant burning pain in both feet, intermittent weakness in the legs, bilateral knee pain, radiating pain from legs to feet, poor sleep and thermal dysregulation. The injured worker reported that pain was controlled with pain medications (Actiq, Opana, and OxyContin). Marinol was being used for the treatment of nausea and for maintain a healthy weight, and Lunesta is used for treating insomnia. The diagnoses include chronic pain, status post lumbar fusion, reactive insomnia, reactive and complex regional pain syndrome (CRPS) generated depression, right knee pain, CRPS II, hypogonadism associated with chronic pain and left leg radiculopathy S1. The request for authorization included Nuvigil 250 mg #30 for the treatment of sleepiness due to the medications taken for the lumbar spine and bilateral lower extremity pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; Physician's Desk Reference, 68th ed.; [www.RxList.com](http://www.RxList.com); ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm); [drugs.com](http://drugs.com); Epocrates Online, [www.online.epocrates.com](http://www.online.epocrates.com); Monthly Prescribing Reference, [www.empr.com](http://www.empr.com); Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**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 (Nuvigil).

**Decision rationale:** The claimant sustained a work injury in December 1998 and continues to be treated for chronic radiating back pain. Medications include OxyContin, Opana ER, and Actiq at a total MED (morphine equivalent dose) of well over 1000 mg per day. When seen, pain was rated at 5-8/10. There was decreased spinal range of motion with positive left straight leg raising and an antalgic gait. Armodafinil (Nuvigil) is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is not recommended solely to counteract the sedating effects of opioid medications. The request is not medically necessary.