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| Case Number: | CM15-0110485 | | |
| Date Assigned: | 06/18/2015 | Date of Injury: | 12/29/2013 |
| Decision Date: | 07/16/2015 | UR Denial Date: | 05/28/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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: Maryland

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

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 64 year old male, who sustained an industrial injury on 12/29/13. The injured worker was diagnosed as having failed knee arthroplasty, lumbosacral spondylosis, chronic pain syndrome, opioid type dependence and pain in shoulder joint. Treatment to date has included physical therapy, ice/heat, massage, TENS unit and oral medication including Morphine, Cymbalta, Dilaudid, Topamax and topical Ultracin cream. (MRI) magnetic resonance imaging of lumbar spine performed on 3/26/14 revealed minimal right lateral recess stenosis of L2-3 associated with broad based disc bulging and mild foraminal narrowing; L3-4 there is mild left foraminal narrowing associated with lateral disc bulging and L5-S1 mild left foraminal narrowing associated with left lateral disc bulging; compared with previous study dated 9/6/02, the degenerative changes involving the L2-3 disc have mildly progressed. (MRI) magnetic resonance imaging of right shoulder performed on 3/26/14 revealed mild to moderate osteoarthritis, evidence of biceps instability, severe osteoarthritis involving the right glenohumeral joint with moderate right glenohumeral joint effusion and degenerative SLAP lesion and degenerative tearing involving all four quadrants of the glenoid labrum diffusely. Currently, the injured worker complains of low back pain rated 8-9/10, described as sharp, dull, throbbing, burning, aching and pins and needles. He indicated his pain is decreased by nothing. Physical exam noted tenderness to palpation of lumbar paraspinous area, tenderness to palpation throughout back, decreased range of motion, pain with facet loading, bilateral ankle dorsiflexion weakness and bilateral lumbar radicular signs. A request for authorization was submitted for MSER 15mg, Nuvigil 150mg, Morphine 1m/ml and Dilaudid suppository.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150 MG #30 with 1 Refill: 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), Pain chapter.

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: Nuvigil 150 mg #30 with 1 refill is not recommended by the ODG. The MTUS does not address this issue. The ODG states that this medication 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. The documentation does not indicate a diagnosis of narcolepsy or that this is needed for shift work sleep disorder. The request for Nuvigil is not medically necessary.