

<b>Case Number:</b>	CM15-0116142		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	12/28/2007
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 58 year old male, who sustained an industrial injury on 12/28/2007. He reported an injury to his right shoulder. Treatment to date has included medications, MRI, surgery, electrodiagnostic studies, psychological counseling, injections, TENS, physical therapy, chiropractic care, traction, acupuncture, braces, corsets and pain management. According to a psychiatric examination dated 03/30/2015, the provider noted that the injured worker had been prescribed Nuvigil by another provider as an adjunct and augmentation for his depressive symptoms and actual mid and late afternoon lethargy and lack of energy which had helped him. It helped him to shower, pay bills and to actually eat and to take care of his daily activities. According to an Agreed Medical Evaluation dated 04/07/2015, the injured worker reported issues with sleep. He described difficulty falling asleep. Sleep latency was two hours and was associated with discomfort experienced in his arm and wrist. He awakened about two or three times a night and repositioned himself due to discomfort either in his armrest or other locations. The provider noted that there was no history of narcolepsy, cataplexy or sleep apnea. Diagnoses included status post right ulnar nerve transposition and decompression, status post right carpal tunnel syndrome surgery and status post right shoulder arthroscopy for superior labrum anterior to posterior tear. Internal medicine conditions included tobacco dependence (cigarette smoker) 20-pack years, alcoholism, cyanosis and clubbing of the fingers secondary to cigarette smoking, Dupuytren's contractures of hands probably due to alcohol consumption and idiopathic, testicular atrophy secondary to alcohol consumption, cerebellar ataxia and tremor secondary to alcohol consumption, gastroesophageal reflux disease secondary to alcohol consumption and

medications, diarrhea secondary to alcohol consumption and medications, insomnia secondary to chronic pain and alcohol consumption and external hemorrhoids secondary to chronic narcotic analgesia and alcohol consumption. According to a progress report dated 04/14/2015, the injured worker was seen in follow up on his bilateral arm and wrist and shoulder condition. He continued to have nerve pain and swelling in his upper extremities. He still had hand wrist pain and right medial elbow pain. Shoulders were painful on both sides. The provider noted that Nuvigil improved his daytime function related to both his impaired sleep and also his depressive mood and that it helped him accomplish light work activities and tasks requiring detail and focus. He had a probable 30% improvement in function. Current medications included Nuvigil, Prevacid, Lidocaine 5% patch, Lyrica, Lorazepam, Mirtazapine, Prazosin, Escitalopram and Norco. Medications were refilled. He had not yet met permanent and stationary status. Currently under review is the request for Nuvigil 250mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nuvigil 250mg #90:** 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, Provigil.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

**Decision rationale:** CA MTUS Guidelines do not address Armodafinil (Nuvigil). The Official Disability Guidelines state that Armodafinil (Nuvigil) is not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder. It is very similar to Modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and Modafinil. Modafinil (Provigil) 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 dependence on this drug. The injured worker is not documented as having narcolepsy, obstructive sleep apnea or shift work sleep disorder. He had been prescribed Nuvigil as an adjunct and augmentation for his depressive symptoms and actual mid and late afternoon lethargy and lack of energy. As such, the request for Nuvigil 250mg #90 is not medically necessary.