

Case Number:	CM15-0125109		
Date Assigned:	07/09/2015	Date of Injury:	04/03/1999
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/29/2015

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: California

Certification(s)/Specialty: Emergency 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 62 year old female, who sustained an industrial injury on 4/03/1999. She reported a fall resulting in a neck and low back injury. Diagnoses include chronic pain secondary to lumbar post laminectomy syndrome, severe depression, and complex regional pain syndrome (CRPS) of bilateral upper extremities. Treatments to date include activity modification, medication therapy, chiropractic therapy, physical therapy, psychotherapy, and epidural steroid injections and therapeutic joint injections. She has an intrathecal pump delivery system implanted. Currently, she complained of low back pain and right knee pain. On 3/20/15, the physical examination documented lumbar range of motion was limited and pain with tenderness to the lumbar region and sacroiliac joints. The plan of care included Nuvigil tablets 250mg, one tablet daily #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Nuvigil 250mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

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: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines Nuvigil is only recommended for excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is not recommended for long term use and there is a risk of abuse. There is no documentation of any issues concerning narcolepsy or daytime sleep problems. There is no documentation of efficacy. Nuvigil is not medically necessary.