

Case Number:	CM15-0126827		
Date Assigned:	07/13/2015	Date of Injury:	12/01/2004
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/30/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 50 year old male, who sustained an industrial injury on 12/01/2004. He has a history of GERD and nonalcoholic steatohepatitis, without disease progression to date. In a psychiatric progress report of 01/08/2015, he reported feeling depressed, losing his mental sharpness, lack of energy, and poor concentration. Mood swings were less frequent. Medications included Lamictal, Nuvigil, Latuda, and Brintellix. On 04/16/2015 he reported frustration at not receiving any of his psychotropic medication except Latuda. He felt depressed most of the time, had occasional crying spells, slept about 2-3 hours at a time, felt hopeless and helplessness, had increased appetite, poor concentration, angered easily, psychomotor agitation, and had poor energy. On 05/28/2015 [REDACTED] noted that due to the patient not receiving his medications he was caused to have a "full blown relapse." He was considered to be a significant suicide risk. He had been tried on all other antidepressants, none of which had worked. CBT was recommended. On 06/04/2015, the provider requested authorization for Lamictal, Nuvigil, Brintellix, Cialis and Latuda. Diagnosis is depressive disorder not otherwise specified. Documentation submitted for review shows use of Nuvigil dating back to 11/11/2014. On 06/07/15 the requested Nuvigil was noncertified due to lack of documentation provided as to what was tried in the past, what the responses were, and no initial evaluation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 50mg #60, twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The American Psychiatric Association; Official Disability Guidelines (ODG), Antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: CA MTUS Guidelines do not address Armodafinil (Nuvigil). 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 or shift work sleep disorder. It is very similar to Modafinil. The injured worker is not documented as having narcolepsy or shift work sleep disorder. He was prescribed Nuvigil for daytime sleepiness and lack of energy. No initial evaluation was provided from which to establish a baseline and there is no evidence of objective functional improvement in activities of daily living or work status reported. No prior treatments for daytime drowsiness were reported. Medical necessity for the requested treatment is not established, this request is therefore not medically necessary.