

Case Number:	CM15-0172830		
Date Assigned:	09/14/2015	Date of Injury:	07/27/2011
Decision Date:	11/02/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/02/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 52 year old male, who sustained an industrial injury on July 27, 2011. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having posttraumatic head syndrome with significant headaches, cervical disc osteophyte C3-4 and C6-7 with resulting cervical radiculitis versus radiculopathy and intermittent paresthesias right upper extremity, cervicogenic headache and cervical myofascitis. Treatment to date has included diagnostic studies, injection and medication. A cervical epidural steroid injection provided up to an 80% relief for approximately the first three weeks. On July 9, 2015, the injured worker complained of myofascial pain and tightness of the cervical spine extending into the right trapezium musculature. The pain was rated as an 8.5-9 on a 1-10 pain scale without medication and a 4.5 on the pain scale with medication. Notes stated that his Norco and Fioricet medication help neuropathic myofascial and headache pain. The treatment plan included a repeat cervical epidural steroid injection right C6-7, Norco, Fioricet, Omeprazole, Gabapentin, follow-up with primary treating physician, follow-up with psychiatrist, follow-up with ophthalmologist, consideration of acupuncture and technique given to injured worker to hold head in neutral spinal position. On August 17, 2015, utilization review denied a request for Nuvigil 150mg #60 with one refill. The medication list includes Norco, Fioricet, Omeprazole, Gabapentin and Nuvigil. Patient had received cervical ESI on 6/5/15 for this injury. Per the note dated 8/5/15, the patient had complaints of excessive daytime fatigue, and severe sleep apnea. The patient has had minor recent infection in right prosthetic eye. Physical examination revealed no abnormal involuntary movement, hypersensitivity around right eye, and patient was alert and awake. The patient has had CT scan of the face on 2/24/15. The patient has had history of fracture of the orbital floor. The patient's surgical history includes ocular surgery with hardware placement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 150mg, #60 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 (updated 7/15/15) Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 10/09/15).

Decision rationale: Request: Nuvigil 150mg, #60 with 1 refill. The California MTUS/ACOEM Guidelines do not address this medication; Nuvigil (armodafinil) is a medication that promotes wakefulness. As per the cited guideline "Armodafinil (Nuvigil: 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. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil." Evidence of excessive sleepiness caused by narcolepsy or shift work sleep disorder was not specified in the records provided. Rationale for the use of Armodafinil was not specified in the records provided. A detailed history of any other psychiatric disorder that would require a stimulant medication was not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions was not specified in the records provided. The request for Nuvigil 150mg, #60 is not medically necessary in this patient.