

<b>Case Number:</b>	CM15-0067507		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	10/16/2006
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: North Carolina

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 63-year-old male, who sustained an industrial injury on October 16, 2006. He reported pain in the neck, back, hips and abdomen with radiating pain to the bilateral upper and lower extremities with associated numbness and tingling. The injured worker was diagnosed as having abdominal pain, post-operative pain,, chronic, lumbar fracture, lumbar spinal stenosis and post-laminectomy syndrome. Treatment to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the thoracic, lumbar and sacral spine, pain injections, conservative treatments, physical therapy, TENS unit, occipital nerve block, medications and work restrictions. Currently, the injured worker complains of neck, back, hips and abdomen with radiating pain to the bilateral upper and lower extremities with associated numbness and tingling. The injured worker reported an industrial injury in 2006, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 19, 2015, revealed continued pain as noted. Medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 150mgs, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Nuvigil and on the Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, nuvigil.

**Decision rationale:** The ACOEM, ODG and California MTUS do not specifically address the requested medication. Per the physician desk reference, the requested medication is indicated in the treatment of narcolepsy, chronic fatigue syndrome and shift work disorder. The patient does not have any of these as a primary diagnosis and therefore the request is not medically necessary.