

Case Number:	CM15-0069051		
Date Assigned:	04/16/2015	Date of Injury:	03/08/2012
Decision Date:	06/11/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/10/2015

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: Physical Medicine & Rehabilitation

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 51-year-old male who sustained an industrial injury on 3/8/12. The injured worker reported symptoms in the back. The injured worker was diagnosed as having disc degeneration cervical spine and facet arthropathy. Treatments to date have included oral pain medication, non-steroidal anti-inflammatory drugs, muscle relaxants, injections and activity modification. Currently, the injured worker complains of cervical spine pain. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Review Nuvigil 150 MG #30 DOS 2/03/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter, Provigil.

Decision rationale: The patient presents with pain and weakness in his neck. The request is for RETRO REVIEW NUVIGIL 150MG #30. DOD 02/03/15. Per 02/24/15 progress report, the

patient is taking Percocet, Norco, Zanaflex, Cymbalta, Relafen, Prilosec, Motrin, Nuvigil, Restoril, Trazodone, Fioricet, Temazepam, Zantac and Xanax. The patient is currently working. The ACOEM and MTUS guidelines do not discuss Nuvigil (Armodafinil). However, ODG, Pain Chapter, Provigil guidelines have the following regarding Provigil (Modafinil): "Not recommended solely to counteract sedation effects of narcotics." Modafinil is used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder. It is very similar to Amodafinil. Studies have not demonstrated any difference in efficacy and safety between Amodafinil and Amodafinil. In this case, the reports do not indicate how long this medication has been used with what effectiveness in terms of pain reduction and functional improvement. The patient also does not present with any of the conditions for which this medication is included. Presumably, the medication is used to treat the patient's drowsiness from the use of opiates and other medications but the guidelines do not support the use of this medication for this purpose. The request IS NOT medically necessary.