

<b>Case Number:</b>	CM15-0071644		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 40 year old male, who sustained an industrial injury on 3/24/2008. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder, and obsessive compulsive disorder. Treatment to date has included diagnostics, medication, and psychotherapy. Urine drug screen, dated 2/03/2015, was inconsistent with prescribed medications. On 2/23/2015 (psychiatric progress note), the injured worker complained of high levels of anxiety during the day due to his compensation case. He continued to have problems with his sleep. Medication use was noted as Buspar, Nuvigil, Cymbalta, Deseryl, Gabapentin, Deplin, and Latuda. Pain medicine progress report, dated 2/03/2015, noted neck pain with radiation down both upper extremities and ongoing migraine headaches. Pain was rated 2-4/10 with medication use and 5-7/10 without. Medication use included Naprosyn, Norco, Rizatriptan, and Naloxone. He was currently not working. The psychiatric progress note, dated 11/18/2014, noted that he stated that Nuvigil has been very helpful, giving him a lot of energy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Armodafinil (Nuvigil) and Other Medical Treatment Guidelines UpToDate.com, Armodafinil.

**Decision rationale:** Nuvigil is the brand name version of armodafinil, which is a Central Nervous System Stimulant. MTUS is silent regarding armodafinil, so other guidelines were utilized. ODG states regarding Armodafinil, "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." There is no evaluation to substantiate a diagnosis of narcolepsy or shift work sleep disorder. The patient is methadone, which is a narcotic and ODG does not recommend nuvigil usage solely due to counteract narcotic sedation. Per UpToDate, Armodafinil is used for the treatment of Narcolepsy, Obstructive sleep apnea/hypopnea syndrome (OSAHS), and Shift work sleep disorder (SWSD). UpToDate additionally states armodafinil is used as a "first-line adjunctive therapy for the treatment of excessive daytime sleepiness that persists in patients with OSA who have no alternative causes of sleepiness and who have had an adequate response to conventional therapy." Medical records do not substantiate the diagnosis of narcolepsy, OSAHS, SWSD. The treating physician only refers to daytime sleepiness. As such, the request for Nuvigil 250mg #30 is not medically necessary.

**Deplin 150mg, BID, one month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Folate.

**Decision rationale:** Regarding Deplin, which is a commercial folate compound, ODG states the following: "Under study. The limited available evidence suggests folate may have a potential role as a supplement to other treatment for depression. It is currently unclear if this is the case both for people with normal folate levels, and for those with folate deficiency. (Taylor, 2004) Some studies have shown that folic acid may be a simple method of greatly improving the antidepressant action of fluoxetine and other antidepressants (Coppin, 2002) but another meta analysis concludes that none of the CAM studies show evidence of efficacy in depression according to the hierarchy of evidence. (Thachil, 2006) Multiple studies show that a low dietary intake of folate may be a risk factor for severe depression. (Tolmunen, 2004) (Papakostas, 2004) (Lerner, 2006) A trial of oral doses of both folic acid (800 microg daily) and vitamin B12 (1 mg daily) may be tried to improve treatment outcome in depression, with continuation depending on results. (Coppin, 2005) (Thachil, 2006)" The employee does meet the criteria for major

depressive disorder. However, there is no documentation regarding the trial and failure of first line therapy medications. As such, the request for Deplin 150mg BID, one month is not medically necessary.