

Case Number:	CM15-0078889		
Date Assigned:	04/30/2015	Date of Injury:	04/05/2002
Decision Date:	06/01/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 61 year old female, who sustained an industrial injury on 04/05/2002. She has reported injury to the neck, right arm, and low back. The diagnoses have included cervical disc inoperable; lumbar disc; radiculitis right arm; and depression. Treatment to date has included medications, diagnostics, acupuncture, aquatic therapy, cognitive therapy, and physical therapy. Medications have included Wellbutrin XL and Nuvigil. A progress note from the treating physician, dated 04/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker reports that she is doing a little better, has lost weight, and is benefiting a great deal from the cognitive behavioral therapy sessions. Objective findings included benefit from the cognitive behavioral therapy sessions; requires her prescription medications; and needs ongoing psychiatric care and treatment to alleviate effects of the industrial injury. The treatment plan has included the request for Nuvigil tab 150 mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil tab 150 mg Qty 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 - 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 (Chronic), Armodafinil (Nuvigil) and Other Medical Treatment Guidelines 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. 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. Additionally, the treating physician does not detail what "conventional" therapy has been tried and results of such trials. As such, the request for Nuvigil tab 150mg Qty 30 is not medically necessary.