

Case Number:	CM15-0090415		
Date Assigned:	05/14/2015	Date of Injury:	07/23/2008
Decision Date:	06/18/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: Preventive Medicine, Occupational 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:

This is a 65 year old male with a July 23, 2008 date of injury. A progress note dated January 13, 2015 documents subjective findings (history of seizures, headache, weakness and depression; trouble going up steps), objective findings (speech a little slow; some difficulty with complex sentences; motor exam with preserved strength in upper and lower extremities), and current diagnoses (concussion; headache; post-concussion syndrome; seizure disorder; narcolepsy). Treatments to date have included medications. The medical record identifies that Nuvigil is very effective at maintaining the injured worker's energy level. The treating physician documented a plan of care that included a prescription for Nuvigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg Qty: 90 for 90 day supply: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain - Armodafinil.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines review this medication in the setting of opioid use and somnolence. However, the Guidelines do review the situations where this medication is indicated and this individual meets these criteria. There is a history of narcolepsy due to TBI and it is clearly documented that the medication has been beneficial with improved functioning. There is no history of misuse. The Nuvigil 250mg #90 for 90 days is supported by Guidelines and is medically necessary.