

<b>Case Number:</b>	CM15-0091401		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	08/12/1998
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 59 year old female who sustained a work related injury August 12, 1998. Past history included anemia, asthma, COPD (chronic obstructive pulmonary disease) depression, diverticulitis, constipation, fibromyalgia, s/p cervical fusion, 2001, left shoulder arthroscopy 2001, and parathyroid removed bilateral, April 2014. According to a treating physician's progress report, dated April 20, 2015, the injured worker presented with a whole body pain flare-up and a cervical headache. She reports the neck pain as 8/10 and described as aching, burning, dull and numb. Her spine pain is reported as 9/10 and described as aching burning, numb sharp, shooting spasm. She has bilateral arm and ankle pain, rated 6/10 and bilateral foot pain that is also described as throbbing. Diagnoses are documented as cervicocranial syndrome; cervical spondylosis, radiculitis; post-laminectomy syndrome, cervical; myospasm; headache; fibromyalgia. Treatment plan included the use of ice and moist heat for pain control, increase physical activity, physical therapy, counseled on opioids and signed an opiate contract, and at issue, the request for authorization of Nuvigil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Nuvigil 150mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Black, J. E., et al. (2010). "The long-term tolerability and efficacy of armodafinil in patients with excessive sleepiness associated with treated obstructive sleep apnea, shift work disorder, or narcolepsy: an open-label extension study." J Clin Sleep Med 6(5): 458-466.

**Decision rationale:** MTUS guidelines are silent regarding the use of Nuvigil. Armodafinil (Nuvigil) is indicated to use to treat excessive sleepiness caused by narcolepsy or shift work disorder. According to the patient's file, there is no documentation of sleepiness from shift work disorder and narcolepsy. The sleepiness is most likely related to the use of opioids. Therefore, the request for 30 Nuvigil 150mg with 3 refills is not medically necessary.