

Case Number:	CM15-0094488		
Date Assigned:	05/21/2015	Date of Injury:	12/01/2004
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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, Pain Management

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 50 year old male, who sustained an industrial injury on 12/01/2004. He reported a motor vehicle accident and cumulative injuries to the right shoulder, right elbow, cervical thoracic spine, bilateral groin, bilateral leg pain and gastrointestinal issues. Diagnoses include osteoarthritis of the shoulder, cervical displacement without myelopathy, radiculitis, low back pain, post laminectomy syndrome, and carpal tunnel syndrome. Treatments to date include medication therapy and psychotherapy. Currently, he complained of non-restorative sleep, crying spells, fair energy, poor concentration, and agitation. On 3/15/15, the physical examination documented lack of psychotropic medication for the previous two months. The plan of care included continuation of Nuvigil 50mg tablets #60 for daytime sleepiness and tiredness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil (armodafinil) 50 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Psychiatric Assoc Practice Guidelines for Treatment of Patients with Major Depressive Disorder, 3rd edition; and Official Disability Guidelines: Psychiatric chapter - Antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Armodafinil (Nuvigil).

Decision rationale: Regarding the request for Nuvigil, California MTUS and ACOEM do not contain criteria for the use of Nuvigil, ODG states the Nuvigil is not recommended solely to counteract sedation effects of narcotics. Nuvigil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. Within the documentation available for review, there is no indication that the patient has narcolepsy or shift work sleep disorder. In the absence of such documentation, the currently requested Nuvigil is not medically necessary.