

<b>Case Number:</b>	CM15-0097932		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	10/19/1987
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Emergency 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 54 year old male, who sustained an industrial injury on 10/19/1987. The mechanism of injury is not indicated. The injured worker was diagnosed as having chronic pain syndrome. Treatment to date has included medications. The request is for Nuvigil, and Lyrica. A PR-2 dated 10/2/2014, indicated there is chronic pain, and no changes to objective findings. The treatment plan included: Lyrica and Nuvigil. An undated handwritten PR-2 indicated he had chronic pain, with objective findings of pain, stiffness, and sleep problems. The treatment plan included: Nuvigil, Lyrica, and creams. A PR-2 dated 1/8/2015, reported him to have chronic hand pain, and tolerating medications. The treatment plan included: refilling unlisted medications and cream. The records do not indicate neuropathy, or problems with narcolepsy. Several pages of the medical records have handwritten information which is difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuvigil 250 mg #45 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy.

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

**Decision rationale:** The requested Nuvigil 250 mg #45 with 4 refills, is not medically necessary. CA MTUS is silent, Official Disability Guidelines, Pain, Provigil, noted "Prescribers using Provigil for sedation effects of opiate should consider reducing the dose of opiates before adding stimulants." The injured worker has chronic pain, and no changes to objective findings. There is no explicit documentation of downward titration attempts of the patient's narcotic medications to reduce fatigue. Furthermore, there is no documentation of symptomatic or functional improvement from its previous use or evidence for the medical necessity for its continued use. The criteria noted above not having been met, Nuvigil 250 mg #45 with 4 refills is not medically necessary.

**Lyrica 75 mg #360 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin, Page 99 Page(s): 9.

**Decision rationale:** The requested Lyrica 75 mg #360 with 4 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pregabalin, Page 99, recommend this medication for the treatment of neuropathy and postherpetic neuralgia. The injured worker has chronic pain, and no changes to objective findings. The treating physician has not documented current neuropathic pain, nor derived functional benefit from its previous use. The criteria noted above not having been met, Lyrica 75 mg #360 with 4 refills is not medically necessary.