

Case Number:	CM14-0145405		
Date Assigned:	09/12/2014	Date of Injury:	03/24/2000
Decision Date:	10/21/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 51-year-old male who reported an injury on 03/24/2000 due to an unknown mechanism. Diagnoses were status post anterior and lumbar discectomy and fusion with posterior instrumented fusion at L5-S1, bilateral ulnar neuropathy, status post left ulnar nerve decompression, medial meniscus tear left knee, status post arthroscopic surgery left knee, impotence, tinnitus, and chronic pain syndrome. The surgical history was L5-S1 fusion, left ulnar decompression, and arthroscopic knee surgery. Physical examination on 09/10/2014 revealed complaints of back pain that radiated from the low back to the right leg. The injured worker rated the pain with medication as a 4/10. The pain was rated an 8/10 without the medications. It was reported that the medications were working well. The injured worker reported he was only getting 3 hours of sleep at night. It was reported that Provigil was very helpful to reduce drowsiness during the day. Examination of the lumbar spine revealed range of motion was restricted. Tenderness was noted over the sacroiliac spine. Medications were Testim 1%, Provigil, Neurontin, Rozerem, MSSR, Valium, trazadone, Norco, Colace, ranitidine, Senocot, Wellbutrin, and Voltaren 1% Gel. Treatment plan was to continue medications as directed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg #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 (ODG) Pain (chronic)

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

Decision rationale: The decision for Provigil 200 mg #30 is not medically necessary. The Official Disability Guidelines state that Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM Diagnostic Classification. The injured worker did not have a diagnosis of narcolepsy, obstructive sleep apnea, or was it reported he had a shift work sleep disorder. The request does not indicate a frequency for the medication. The clinical information submitted for review does not provide evidence to justify the use of Provigil. Therefore, this request is not medically necessary.