

Case Number:	CM13-0068013		
Date Assigned:	01/08/2014	Date of Injury:	06/13/1997
Decision Date:	04/24/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine and Pulmonary Diseases, 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 patient is a 63-year-old female who reported a work-related injury on 6/13/97. The mechanism of injury was not provided. The clinical documentation indicated that the patient's medication history had included Provigil since 2004. The documentation of 9/15/13 requested medication refills. The patient's medications were simvastatin, Prilosec, Paxil, Provigil, Cymbalta, Actiq, Avinza, Baclofen, and Zanaflex. Diagnoses included fibromyalgia/myositis, and complex regional pain syndrome type I of the lower extremities. A letter written by the spouse of the patient, dated 1/25/14, revealed that one of the side effects of the patient's current medications was excessive sleepiness. It was indicated that a previous pain management physician had prescribed the medication to counter the condition. The letter goes on to state that the medication had worked and that during October-November of 2013 the patient's prescription had been denied. As a result, the spouse indicated that the patient slept 18-20 hours per day, felt groggy and disoriented, and was unable to mentally engage. The symptoms went away when the patient resumed Provigil. The spouse further documented that the patient and her pain management doctor had begun a new series of tests and trials including psychological therapies, biofeedback, and spinal cord stimulation in order to ease the patient's pain and reduce the dependency on the pain medications. The approval of the Provigil was requested until the new therapies could be implemented.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 PROVIGIL 200MG: Upheld

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

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

Decision rationale: The Official Disability Guidelines indicate that Provigil is approved by the FDA for the treatment of narcolepsy. Additionally, guidelines state that prescribers using Provigil for the sedation effects of opioids should consider reducing the dose of opioids before adding stimulants. Provigil is indicated to improve wakefulness in adults patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work disorder. Patients should have a complete evaluation with the diagnosis made in accordance with the International Classification of Sleep Disorders or a DSM diagnostic classification. While the spouse of the patient indicated that the patient's adverse symptoms were reversed when she took the Provigil, there was a lack of documentation of the objective functional benefit received from the medication and that the physician had trialed reducing the medications. There was a lack of documentation indicating that the patient had a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders. Given the above, the request for Provigil is not medically necessary.