

<b>Case Number:</b>	CM13-0068589		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/28/1997
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Family Practice and is licensed to practice in Texas. 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 64-year-old female who reported an injury on 05/28/1997. The mechanism of injury was not stated. The patient is currently diagnosed with reflex sympathetic dystrophy. The patient was seen by [REDACTED] on 11/02/2013. The patient reported persistent left arm pain with bilateral foot pain. Physical examination on that date revealed reduced range of motion in the right upper extremity, hypersensitivity, thoracic tenderness, and dysesthesia in the foot and calf area bilaterally. Treatment recommendations included a continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PROVIGIL 200MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain

**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, Provigil® (modafinil).

**Decision rationale:** 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. Provigil is indicated to improve wakefulness in adult patients with

excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. As per the documentation submitted, the patient has continuously utilized this medication. There is no documentation of narcolepsy or obstructive sleep apnea. It is also noted on 11/02/2013, the patient utilizes Provigil to counteract sedation of opioid medication. However, there is no evidence of an attempt to reduce excessive narcotic prescribing. Based on the clinical information received and the Official Disability Guidelines, the requested Provigil 200mg is not medically necessary or appropriate.