

Case Number:	CM14-0006644		
Date Assigned:	03/03/2014	Date of Injury:	03/14/2000
Decision Date:	06/30/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/17/2014

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 Internal Medicine and is licensed to practice in California, Kentucky, Colorado, and North Carolina. 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 63-year-old female injured on 03/14/00 due to continuous trauma while employed as a caretaker/nurse aide resulting in back, neck, feet, and bilateral forearm/wrist injuries. The current diagnoses included cervical spondylosis with multilevel 3-4mm disc bulges, bilateral upper extremities tendinitis with dynamic carpal tunnel syndrome with moderate right carpal tunnel syndrome, bilateral plantar fasciitis, fibromyalgia syndrome, and psychiatric complaints. The clinical documentation dated 02/17/14 indicated the injured worker presented complaining of continued increased low back pain radiating with numbness and tingling to bilateral feet. Physical examination of the lumbar spine revealed tenderness to palpation over the paravertebral musculature and lumbosacral junction with slight to moderate muscle spasms, straight leg raise test positive eliciting radicular symptoms to bilateral feet along the L4, L5, and S1 nerve roots, decreased range of motion in the lumbar spine, and ambulation with a limp requiring use of a cane. The injured worker reported pain levels 2-3/10 with medications and 6-7/10 without. She received three hours of pain relief and was able to perform activities of daily living with medications. The current medications included Norco 10mg two tablets QD, Cymbalta 60mg two QAM, Xanax 0.5mg Q8 hours, and Provigil 200mg. The initial request for pharmacy purchase of Provigil 200mg #60 was initially non-certified on 01/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF PROVIGIL 200 MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the Pain chapter of the Official Disability Guidelines (ODG), Modafinil 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. Patients should have a complete evaluation with a diagnosis made in accordance with the international classification of sleep disorders or DSM diagnostic classification prior to prescribing of this medication. The documentation does not indicate that the injured worker is being prescribed Modafinil to counteract excessive sleepiness and is not Food and Drug Administration (FDA) approved for the treatment of psychiatric conditions. As such, the request for pharmacy purchase of Provigil 200MG #60 cannot be recommended at this time.