

Case Number:	CM14-0100768		
Date Assigned:	07/30/2014	Date of Injury:	11/27/2012
Decision Date:	09/15/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	06/30/2014

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 Occupational Medicine 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:

398 pages were provided for review. The request for independent medical review was signed on June 26, 2014. The service there was denied or modified was Provigil 10 mg number 30. Per the medical records provided, the claimant has slowed speech and mental processing. She has poor cognition and memory. She has a monocular field cut in the left eye. She was started on Provigil and sent to vision rehabilitation. The Provigil was prescribed for cognitive slowing and drowsiness post-concussion. A neural ophthalmology consult was certified. There was a June 24, 2014 note from the psychologist. She continues to experience overwhelming anxiety, fearfulness and agitation. She has cognitive slowing, and difficulty in processing complex information. The Provigil per this record is for chronic fatigue [not cognitive slowing, as mentioned in the UR report]. Several PR-2 forms were also provided. There is no mention of daytime drowsiness, the prime indication for the medicine. There was a panel qualified medical examination in neurology dated April 30, 2014. She was walking with a coworker downstairs and lost her footing and fell down 5 to 7 stairs. She suffered injuries to the head and claims to have passed out. She has a feeling of being in a fog. She has a post concussion syndrome. Future medical care includes unspecified medicine, physical therapy and pain management as well as cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 10mg #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 Chapter - Modafinil (Provigil).

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

Decision rationale: The MTUS is silent on this medicine. The ODG notes this medicine is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. It 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. In this claimant, the official request is to use it for cognitive enhancement. This is an off label use for the medicine. There are not main-stream validated studies to document efficacy for cognition enhancement. Therefore, the request of Provigil 10mg #30 is not medically necessary and appropriate.