

Case Number:	CM14-0116641		
Date Assigned:	09/22/2014	Date of Injury:	03/18/1997
Decision Date:	11/05/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/25/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 62-year-old female who reported an injury on 09/27/2012. The mechanism of injury was a fall. The diagnoses included complex regional pain syndrome of the right lower extremity, chronic low back pain, psychiatric issues, dental issues secondary to chronic medication use, and Brown-Sequard syndrome with quadriparesis. The past treatments include acupuncture and surgery. The surgical history included a cervical fusion from C5-7, with postoperative development of Brown-Sequard syndrome. The Agreed Medical Evaluation, dated 09/27/2012 (there was no more recent documentation provided), noted the injured worker complained of pain to her neck, upper limbs, lower limbs, resolving acute depression, and fatigue from the physical perspective. The physical exam noted decreased range of motion and strength and stated the injured worker sat the entire session resting her head against the wall. The injured worker ambulated with the use of a seated walker. The medications included OxyContin twice a day, Percocet 3 times a day, Provigil 200 mg every morning, plus 200 mg every evening as needed, Celebrex daily, Ambien as needed, Paxil daily, ability daily, Zanaflex as needed, Neurontin 3 times a day, Maxalt, Requip, and fiber laxatives. The physician recommended a future need for opioid medications. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil (Modafinil) 200mg tablets: 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) 12th Edition, Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medication Guide. (2010). Retrieved October 22, 2014, from <http://www.fda.gov/downloads/Drugs/DrugSafety/UCM231722.pdf>

Decision rationale: The request for Provigil (Modafinil) 200 mg tablets #20 is not medically necessary. The injured worker had psychiatric issues documented as major depression, dysthymic disorder, and histrionic personality disorder. The FDA has approved the use of Provigil to improve wakefulness in adults who are very sleepy due to narcolepsy, obstructive sleep apnea, or shift work disorder. There is insufficient evidence to support the efficacy of the use of Modafinil for decreasing fatigue in other diagnoses such as depression, Parkinson's disease, or chronic fatigue syndrome. There is a lack of evidence of excessive sleepiness, narcolepsy, obstructive sleep apnea, or shift work sleep disorder. The injured worker has been prescribed Provigil since as early as 03/21/2011. There is no documentation of the efficacy of this medication. The frequency intended for use is not included. There is a gap in the documentation provided from 09/27/2012 to the present. There is no indication of the injured worker's current condition. Given the previous, the use of Provigil is not indicated or supported at this time. Therefore, the request is not medically necessary.