

<b>Case Number:</b>	CM14-0120304		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	01/04/2000
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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 Internal 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:

The injured worker is a 63 year old male who reported an injury to the lumbar region. No description of the initial injury was provided in the submitted documentation. The operative note dated 01/06/14 indicates the injured worker undergoing a L5 epidural steroid injection, bilaterally. The clinical note dated 05/13/14 indicates the injured worker reporting a 50% benefit as a result of the epidural steroid injection. The injured worker was also utilizing Fentanyl patches which were providing some pain relief. The note does indicate the injured worker having difficulty with sleep hygiene. The injured worker's past medical history is significant for a prosthetic device at the right humerus, a lumbar laminectomy, lumbar fusion x 2, right total knee replacement, left total knee replacement with subsequent right knee revision. The injured worker was identified as having a current smoking habit at that time. The note indicates the injured worker having undergone a subacromial injection at that time. The clinical note dated 07/21/14 indicates the injured worker utilizing Provigil which did promote the injured worker's functional status. The injured worker reported ongoing lumbar region pain that was rated as 8/10. Strength deficits were identified with right knee flexion rated as 4/5 and with right ankle dorsiflexion, which was also rated as 4/5. The utilization review dated 07/24/14 resulted in denials for the use of Provigil and injections into the lumbar region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Provigil 200 mg #40:** Upheld

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

**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:** 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. The request is not medically necessary and appropriate.

**LNRB bilateral Lumbar-5 and right subacromial injection under fluoroscopy and monitored anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Low Back Lumbar and Thoracic (Acute & chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter, Selective nerve root block.

**Decision rationale:** The request for LNRB bilateral lumbar 5 and right subacromial injection under fluoroscopy and monitored anesthesia is not medically necessary. The use of nerve root blocks in the lumbar region is indicated for injured workers as a diagnostic tool. There is an indication the injured worker has previously undergone an epidural steroid injection in the lumbar region. Therefore, it is unclear as to the need for further diagnostic injections. Therefore, the request is not medically necessary and appropriate.