

Case Number:	CM14-0126443		
Date Assigned:	08/13/2014	Date of Injury:	07/10/1997
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation 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 was injured on July 7, 1997. The mechanism of injury occurred when he was pulling a back drill rod and felt a pop in the lower back. The diagnosis is listed as displacement of lumbar intervertebral disc without myelopathy. The most recent progress note dated 6/19/14, reveals complaints of neck and low back pain with radiation down bilateral upper and lower extremities, frequent muscle spasms aggravated by activity and walking, lower extremity pain in the right foot and bilateral knees, muscle weakness. Activities of daily life included limitations of self care, hygiene, activity, ambulation, hand function, sleep, and sex. Pain is rated 8 out of 10 on visual analog scale (VAS) scores with medications and without it was 10 out of 10, with no change in pain since last visit was documented. Prior treatment includes medications, Toradol and B12 injection. A clinical note revealed the injured worker needed Zolpidem to sleep and Provigil to counter the daytime drowsiness from the multiple medications. Physical examination revealed slow antalgic gait, positive spasm in the bilateral paraspinals, tenderness to palpation bilaterally in the paravertebral area L4 to S1, and range of motion was moderately limited secondary to pain. A prior utilization review determination dated 7/15/14 resulted in denial of Provigil 200 milligrams quantity thirty, Tizanidine 4 milligrams quantity ninety, Zolpidem 10 milligrams quantity thirty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: CA MTUS does not address the issue. Per ODG, Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. 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. This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. In this case, there is no diagnosis of narcolepsy, sleep apnea or shift work disorder. Furthermore, there is no documentation of a detailed assessment in this IW. Therefore, the request is not medically necessary.