

Case Number:	CM14-0157169		
Date Assigned:	09/30/2014	Date of Injury:	12/10/1987
Decision Date:	10/28/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 74 year old female with an injury date on 12/10/1987. Based on the 05/01/2014 progress report provided by [REDACTED] the patient complains of severe depression, panic attack and debilitating musculoskeletal pains and related to physical limitations. The patient also complains of anhedonia, anger, anxiety, diminished energy, exaggerated startle response, impaired concentration, impaired memory, irritability, low self-esteem, nightmares, period of crying, sleep disturbance, social withdrawal, phobic avoidance of situations that rekindle memories of the traumatic event, and emotional vulnerability and liability. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: 1. Major depression with psychotic features, single episode 2. Psychological factors affecting medical condition. [REDACTED] is requesting for Mondafinil 200 mg #30. The utilization review determination being challenged is dated 08/26/2014. [REDACTED] is the requesting provider, and he provided treatment two reports from 04/29/2014 and 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mondafinil 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
www.fda.gov/downloads/Drugs/DrugSafety/UCM231722.pdf

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines have the following regarding Provigil

Decision rationale: The ODG have the following regarding Provigil: "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." Review of the two progress report 04/29/2014 and 05/01/2014 show no discussions regarding why this medication is being prescribed. It is presumably used to counter sedation side-effects from opiates. However, the ODG does not support this medication for sedation side effects. As such, the request is not medically necessary and appropriate.