

Case Number:	CM14-0180974		
Date Assigned:	11/05/2014	Date of Injury:	05/26/1991
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/31/2014

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 Emergency 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 64-year-old female who reported an injury on 05/26/1991. The mechanism of injury was not provided. On 06/17/2014, the injured worker presented with pain in the medial aspect of the right knee that is aggravated by prolonged standing, walking, squatting, stairs, sit to stand, and at night. The medications included Cymbalta, Lidoderm topical film, OxyContin, Protonix, and Provigil. Upon examination of the right knee, there was no evidence of deformity and there was a well healed portal scar noted. The provider recommended Provigil tab 200 mg with a quantity of 60 and 2 refills. The provider's rationale was not provided. The Request for Authorization form was dated 01/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil tab 200mg day supply: 30 qty: 60 refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (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, Provigil.

Decision rationale: The request for Provigil tab 200 mg day supply: 30 QTY: 60 refills: 2 is not medically necessary. The Official Disability Guidelines state that Provigil is a brand name for

modafinil, approved by FDA for treatment of narcolepsy. The guidelines further state that using Provigil for sedation effects of opiates should consider reducing the dose of opioids before adding stimulants. There was a lack of documentation of objective deficits noted upon physical exam congruent with the guideline recommendation for Provigil. Additionally, the injured worker has been prescribed Provigil since 01/2104. The efficacy of the prior medication use was not provided. The provider does not state a rationale for the use of Provigil. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.