

Case Number:	CM14-0032974		
Date Assigned:	04/18/2014	Date of Injury:	01/17/1995
Decision Date:	07/02/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/13/2014

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 patient is a 45-year-old male who was injured on 01/17/1995. He has a history of severe low back, buttock and leg pain. The patient's medications as of 03/19/2014 include OxyContin 20mg four times daily (q.i.d.), Provigil 200mg 1-2 per day, Aciphex 20mg once per day, Wellbutrin SR 200mg daily (q. day), Cymbalta 30mg twice daily (b.i.d.), lorazepam 1mg b.i.d., and Norco 10/325 q.i.d. #120 /30 days. Follow-up dated 03/19/2014 indicates the patient the patient is status post extensive lumbar spinal surgery, hardware placement and subsequent removal. He is followed on chronic future medical pain management on the above medications. He is in good compliance with no significant side effects. The patient's insurance company has since denied his medication regimen, yet again. Without medication, the patient's pin level is 9-10. When the patient is taking his medications as listed above and not reduced or discontinued by the insurance company, his pain level is a 3-4which is manageable by the patient. The diagnoses are post-laminectomy syndrome of the lumbar, status post lumbar fusion, painful hardware removed chronic opiate therapy for pain, situational reactive depression secondary to the above. His medications are unchanged since 11/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROVIGIL (MODAFINIL) 200MG TABLET: 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), Pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Micromedex 2008 and AHFS Drug Information 2008.

Decision rationale: The Micromedex 2008 and AHFS Drug Information 2008 recommend Provigil for/as excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The medical records document the patient has chronic back pain and is on multiple medications including narcotics and benzodiazepines. There is no discussion of the patient having been diagnosed with one of the above medical conditions. Based on the guidelines cited, the request is not medically necessary.