

Case Number:	CM14-0036206		
Date Assigned:	06/25/2014	Date of Injury:	03/03/1997
Decision Date:	07/30/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational 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 applicant has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of March 3, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; adjuvant medications; unspecified amounts of acupuncture; earlier lumbar fusion surgery; earlier spinal cord stimulator implantation and intrathecal drug delivery system implantation; and extensive periods of time off of work. In a February 21, 2014 progress note, the applicant reported persistent complaints of low back pain, 7/10. The applicant's medication list included Desoxyn, Neurontin, Lunesta, Lyrica, Lyrica, Norco, OxyContin, Provigil, Zofran, Losartan, and Topamax. Several of the same were refilled. The applicant was given primary diagnosis of thoracic and lumbar radiculitis. Lumbar MRI imaging, acupuncture, a psychology consultation, and electrodiagnostic testing were sought. The applicant was placed off of work, on total temporary disability. The applicant had complaints of easy fatigability and depression, it was stated. In a medical-legal evaluation dated June 26, 2012, the applicant's diagnoses list included chronic low back pain status post earlier lumbar laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200 mg x 30: 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) - TWC Pain Procedure Summary last updated 01/07/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Provigil Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Provigil usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines state that an attending provider furnishing a medication for non- FDA labeled purposes has the responsibility to be well informed regarding its use and should, furthermore, provide medical evidence to support the same. In this case, however, the Food and Drug Administration (FDA) states that Provigil is indicated to improve wakefulness in applicants with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and/or shift-work disorder. In this case, however, the applicant does not seem to carry diagnosis of narcolepsy, obstructive sleep apnea, and/or shift-work disorder. None of the aforementioned diagnoses are on file. The applicant is off of work, on total temporary disability, making a shift-work sleep disorder highly unlikely. No rationale for selection and/or ongoing usage of Provigil was provided. It appears that the attending provider is furnishing Provigil to combat sedation associated with depression. This is not an FDA-approved indication for Provigil. Therefore, the request is not medically necessary.

Desoxyn 5 mg x 180: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Desoxyn Medication Guide.

Decision rationale: While the MTUS does not address the topic, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do state that attending providers who furnish medications for non-FDA approved purposes should provide compelling evidence to support usage of the same. In this case, however, Food and Drug Administration (FDA) notes that Desoxyn (methamphetamine) is indicated in the treatment of attention deficit hyperactivity disorder and/or exogenous obesity. In this case, however, the applicant does not seemingly carry either diagnoses of attention deficit hyperactivity disorder or exogenous obesity for which ongoing usage of Desoxyn would be indicated. The applicant's height, weight, BMI, it is incidentally noted, were not provided on any recent progress note. The attending provider did not furnish any rationale to support ongoing usage of Desoxyn. It was not clearly stated for what purpose Desoxyn was provided. Therefore, the request is not medically necessary.