MAXIMUS Federal Services

Case Number:	CM14-0037602		
Date Assigned:	06/25/2014	Date of Injury:	08/11/1999
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/28/2014

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 patient is a 56 year old female, DOI 8/11/99. She has developed chronic lumbar pain subsequent to her injury. There has also been a subsequent shoulder surgery. Current treatment consistes of oral analgesics and she continues to work, although with some difficulty at times. Prior AME evaluation's recommended a discontinued use of Opioids, however Suboxone is currently utilized as the opioid for pain relief. In one section of the medical narrative the perscription for Provigil was recently written due to day time sleepyness secondary to sleeping only an average of 3 hrs. per night. The reasons or a detailed history regarding the insomia is not documented. In another area of the narrative, the reason for the Provigil is stated to be due to sleepyness associated with her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100 mg, QTY: 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, 2013, Pain, Modafinil (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, Acute and Chronic: Insomnia Treatment; Modafinil (Provigil).

Decision rationale: Guidelines do not recommend Provigil under these circumstances. MTUS Guidelines do not deal with this medication/issue, however ODG Guidelines do. The medical records appear to be inconsistent regarding the rationale for the drug. In one part of the narrative it states that she needs it because she cannot sleep, the cause of which is not discussed. In another part of the narrative it states she needs it due to sleepyness secondary to medications. The patient does not have one of the qualifying diagosis (narcolepsy, sleep shift disorder, sleep apena) for which Provigil is recommended. With the addictive potential of Provigil, its use needs to meet Guideline standards and the justification needs to be consistent and well reasoned. It is not medically necessary.