

<b>Case Number:</b>	CM14-0039911		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 05/27/2009. The mechanism of injury was not provided within the documentation. The only prior treatment noted is medication management. The injured worker's diagnosis was noted to be myalgia and myositis. A primary treating physician's progress report notes the injured worker continuing to have difficulty with daytime sleepiness due to poor sleep from periods of apnea, then awaking and gasping for air. She reported severe stress from injury and depression due to injury. The objective findings included the injured worker being alert, oriented, able to transfer from sitting to standing without difficulty and ambulating with an antalgic gait. She had functional strength and range of motion of lower extremities. She had limited range of motion of back in all directions. She was tender to palpation over the spinous process in lumbar region and muscles of the gluteal region. The treatment plan included medication management, epidural injections to control pain, and a referral for a mental health evaluation. The provider's rationale for the request was provided within the treatment plan in an evaluation dated 03/06/2014. A request for authorization for medical treatment was not provided with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Provigil 200mg #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), Treatment in Workers Comp, Pain Chapter (Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications, Modafinil (Provigil®).

**Decision rationale:** The Official Disability Guidelines do not recommend Provigil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Used with caution as indicated below, Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders. This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. The clinical documentation provided for review does not indicate an evaluation with a sleep disorder specialist. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Provigil 200 mg quantity 30 is not medically necessary and appropriate.