

<b>Case Number:</b>	CM14-0043182		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/16/2006
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 53-year-old gentleman injured on November 16, 2006. The mechanism of injury is not listed in the records submitted for review. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of tremors and ataxia. The injured worker currently uses a caregiver for home healthcare. A current medication includes Nuvigil but is considering trying Provigil. It was stated that his long condition is worse with his ataxia and use of a nebulizer and inhaler helps with his breathing. The physical examination on this date coded the injured employee to be using a wheelchair and there were visible tremors in the hands and difficulty with hand eye coordination. There was a diagnosis of diffuse tremors syndrome, nontraumatic brain injury, and occupational chemical exposure. A prior visit for a neurology consultation has been certified. A request had been made for Provigil, Proair HFA, and a Qvar 40mcg inhaler and was not certified in the pre-authorization process on March 5, 2014

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a602016.html>.

**Decision rationale:** Provigil is a medication indicated to improve wakefulness for individuals with narcolepsy. Currently the injured employee uses new vigil for daytime wakefulness however there is no diagnosis that he has a sleep disorder. Therefore this request for Provigil is not medically necessary.

**1 prescription of Proair HFA:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682145.html>.

**Decision rationale:** It is unclear why there is a need for a change in inhaler medication for the injured worker. It was stated that a change needed to occur secondary to ataxia but it is unclear what the relationship is with ataxia and the difficulty breathing. Furthermore there has been no abnormal pulmonary examination on physical exam. This request for Proair HFA is not medically necessary.

**1 prescription of Qvar 40mcg inhaler:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a681050.html>.

**Decision rationale:** It is unclear why there is a need for a change in inhaler medication for the injured employee. It was stated that a change needed to occur secondary to ataxia but it is unclear what the relationship is with ataxia and the difficulty breathing. Furthermore there has been no abnormal pulmonary examination on physical exam. This request for a Qvar inhaler is not medically necessary.