

Case Number:	CM14-0043321		
Date Assigned:	06/20/2014	Date of Injury:	05/04/1994
Decision Date:	09/29/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	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 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:

This is a 64-year-old female with a 5/4/94 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/7/14, the patient stated that most of her medications have been denied. She complained of feeling fatigue without Provigil. She rated her pain as a 9/10 without medications and a 6/10 with medications. Objective findings: atrophy of both legs with increase in sensitivity, abdominal tenderness. Diagnostic impression: IBS, fibromyalgia, GERD, depression. Treatment to date: medication management, activity modification. A UR decision dated 3/4/14 denied the request for Provigil. Review of records indicate that though the patient has had night terrors for the past four nights with subsequent lack of sleep, there is no indication that the patient has evidence of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Provigil 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Evidence: FDA (Provigil).

Decision rationale: CA MTUS and ODG do not address this issue. The FDA states that Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work disorder. There is no documentation that the patient has a diagnosis of narcolepsy, obstructive sleep apnea, or shift work disorder. A specific rationale identifying why this patient requires Provigil despite lack of guideline support was not provided. Therefore, the request for 60 Provigil 20 mg was not medically necessary.