

Case Number:	CM14-0045907		
Date Assigned:	08/29/2014	Date of Injury:	07/22/2008
Decision Date:	09/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 50 year old male with a reported date of injury on 07/22/2008. The mechanism of injury was not noted in the records. The diagnoses included causalgia of upper limb and reflex sympathetic dystrophy upper limb. The past treatments have been pain medication and spinal stimulator implant. A CT scan of the cervical spine performed on 05/07/2011 revealed mild central canal narrowing at C-6 level. The surgical history included laminectomy and spinal stimulator implant. On 02/19/2014, the subjective complaints were left hand pain that radiates to the back of the head. The physical examination revealed allodynia in the left hand and forearm along with weak grip strength. The medications included Exalgo, Percocet, Neurontin, Methadone, Baclofen, and Provigil. The plan was to continue medications. The rationale was to relieve pain. The request for authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200 mg #30: 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 Official Disability Guidelines (ODG), Pain, Modafinil (Provigil).

Decision rationale: The Official Disability Guidelines state that Provigil is not recommended solely to counteract sedation effects of narcotics. The guidelines also state that Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The injured worker has chronic left hand and left forearm pain. There was no evidence documented that the injured worker had diagnoses of narcolepsy, obstructive sleep apnea, or shift work sleep disorder. As there was no evidence of narcolepsy, obstructive sleep apnea, or shift work sleep disorder the request is not supported. Additionally, the request as submitted did not provide a medication frequency. As such, the request is not medically necessary.