

Case Number:	CM14-0057057		
Date Assigned:	07/09/2014	Date of Injury:	05/23/2005
Decision Date:	08/19/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/28/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 23, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated March 24, 2014, the claims administrator denied a request for Provigil, citing lack of supporting information on the part of the attending provider. The applicant's attorney subsequently appealed. In an October 30, 2013 handwritten progress note, the applicant presented with chronic low back pain. The applicant was placed off of work, on total temporary disability, until early 2014. In a type-printed report of same date, October 30, 2013, the applicant stated that he was doing well with the current prescription regimen. The applicant carried diagnoses of hypertension, back pain, tension headaches, chronic pain syndrome, and depression. The applicant was status post melanoma excision, lumbar spine surgery, gastroplasty, and a shoulder surgery. The applicant was given refills of a variety of medications, including Diovan, Lidoderm, Provigil, Morphine, Cymbalta, and Nexium. It was not clearly stated why or for what purpose Provigil was selected. On November 12, 2013, the applicant was described as carrying diagnoses of chronic low back pain and major depressive disorder. The attending provider stated that the applicant was disabled and that his chances of returning to work were very unlikely.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200 MG Quantity 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Provigil Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Provigil usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that attending providers using drugs for non-FDA label purposes have the responsibility to be well informed regarding usage of the same and should, moreover, provide compelling evidence to support such usage. In this case, however, the attending provider has not provided any evidence to support usage of Provigil for what appears to be non-FDA label purposes. Per the Food and Drug Administration (FDA), Provigil is a prescription medication used to improve wakefulness in adults who are sleepy due to sleep disorders including narcolepsy, obstructive sleep apnea, and/or shift work disorder. In this case, however, there is no evidence that the applicant carries any of the aforementioned diagnostic considerations. The applicant is not working, making a shift work disorder highly unlikely. Similarly, there is no evidence of polysomnographically-confirmed narcolepsy or obstructive sleep apnea present here. Neither obstructive sleep apnea nor narcolepsy were mentioned on the applicant's problem list or past medical history section of the report referenced above. No rationale for selection and/or ongoing usage of Provigil has been provided. Therefore, the request is not medically necessary.