

Case Number:	CM14-0060569		
Date Assigned:	07/09/2014	Date of Injury:	09/06/1997
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/01/2014

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 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 shoulder, elbow, wrist, mid back, and low back pain reportedly associated with an industrial injury of June 9, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; right shoulder surgery; and muscle relaxants. In a Utilization Review Report dated April 23, 2014, the claims administrator denied a request for Provigil, denied request for Soma, and approved a request for Tylenol No. 4. The applicant's attorney subsequently appealed. On November 7, 2013, the applicant received a Botox injection to the face and neck regions for reported issues with intractable migraines. On February 20, 2014, the applicant again received Botox injections, reportedly for migraine headaches. No other clinical progress notes were incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg: Upheld

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

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: <Insert Other Basis/Criteria> Labeling - FDA Home Page - Food and Drug Administration www.accessdata.fda.gov/drugsatfda.../labe...--Food and Drug Administration INDICATIONS AND USAGE PROVIGIL is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome, and shift work sleep disorder.

Decision rationale: The MTUS does not address the topic of Provigil. However, as noted by the Food and Drug Administration (FDA), Provigil or modafinil is indicated to improve wakefulness in applicants with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and/or shift-work disorder. In this case, however, the documentation on file does not clearly establish the presence of any of the aforementioned issues. The documentation on file, while seemingly establishing a diagnosis of migraine headaches, it did not make any mention of issues associated with narcolepsy, obstructive sleep apnea, and/or shift work disorder for which selection and/or ongoing usage of Provigil might be indicated. Therefore, the request for Provigil 200 mg is not medically necessary or appropriate.

Soma 250mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic Page(s): 29.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes. In this case, the admittedly limited information on file does suggest that the applicant's neck pain and headache issues are likely chronic, following an industrial injury of September 6, 1997. Carisoprodol is likely not recommended, given the chronicity of the applicant's issues. The limited progress note on file, moreover, made no mention of any rationale for selection and/or ongoing usage of Soma. Therefore, the request for Soma 250 mg is not medically necessary or appropriate.