

Case Number:	CM14-0071404		
Date Assigned:	07/14/2014	Date of Injury:	07/10/1997
Decision Date:	09/03/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/16/2014

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 63-year-old male who reported an injury on 07/10/1997 due to an unknown mechanism. Diagnoses were lumbar disc displacement, lumbar postlaminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, anxiety, status post spinal cord stimulator, implant status post spinal cord stimulator/implantable pulse generator replacement, post rehab. Past treatments for the injured worker were not entirely reported due to how long the injured worker has been on workman's comp. Diagnostic studies were MRIs, CT arthrogram, and an EMG. Surgical history was left knee arthroscopy, L4-S1 epidural catheter, left partial lateral epicondylectomy, lumbar postlaminectomy, bilateral knee surgery, and spinal stimulator implant. The injured worker had a physical examination on 06/19/2014 with complaints of pain radiating to bilateral upper extremities, and pain that radiated to bilateral lower extremities. There were complaints of frequent muscle spasms in the low back area. Pain was rated at an 8/10 in intensity with medications. Pain was rated at 10/10 in intensity without medications. The injured worker reported that the use of antiseizure class medication, H2 blocker, muscle relaxant, NSAID, opioid pain, and sleep aid medication are helpful. Examination of the lumbar spine revealed a noted spasm in the bilateral paraspinous musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain. Pain was significantly increased with flexion and extension. Medications were zolpidem, omeprazole, bupropion, Celebrex, gabapentin, metformin, Protonix, tramadol, zolpidem, Provigil, tizanidine. Treatment plan was for medication as directed and awaiting authorization for epidural steroid injection. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg every day #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Chronic, Integrated treatment/Disability Duration Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Provigil.

Decision rationale: The Official Disability Guidelines state Provigil is the brand name for modafinil, manufactured by Cephalon, and is approved by the FDA for the treatment of narcolepsy. Prescribers using Provigil for sedation effects of opiates should consider reducing the dose of opiates before adding stimulants. Also it states that Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the international classification of sleep disorders for DSM diagnostic classification. The injured worker does not have a diagnosis of narcolepsy, obstructive sleep apnea, or he does not have a shift work sleep disorder. The efficacy for taking this medication was not reported. Therefore, the request is not medically necessary.