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| Case Number: | CM14-0078744 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 05/09/2002 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/29/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old individual was reportedly injured on May 9, 2002. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated July 18, 2014, indicated that there were ongoing complaints of chronic neck pain. The physical examination demonstrated evidence of emotional distress, tenderness to palpation, and a decrease in cervical spine range of motion. Diagnostic imaging studies objectified changes consistent with the surgical intervention. Previous treatment included multiple narcotic medications and physical therapy. A request had been made for Provigil and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Provigil 200mg #30: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated August, 2014.

Decision rationale: Specifically, this medication is not recommended to counteract sedation effects of narcotics according to ODG. When considering the multiple narcotic medications being prescribed, and noting that a medication is used to increase alertness, it is clear that the medication protocols need a comprehensive review. Therefore, based on the clinical information presented for review, the medical necessity of this medication has not been established.