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| <b>Case Number:</b>   | CM14-0201526 |                              |            |
| <b>Date Assigned:</b> | 12/11/2014   | <b>Date of Injury:</b>       | 03/02/2011 |
| <b>Decision Date:</b> | 01/28/2015   | <b>UR Denial Date:</b>       | 10/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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 Physical Medicine Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 62 year old male with a work injury dated 2/25/11. The diagnoses include spinal stenosis, pain in the joint, herniated nucleus pulposus, lumbar degenerative disc disease. Under consideration is a request for Provigil 200mg #30. There is a 3/31/14 progress note that states that the patient has pain in his back and pins and needles sensations in his feet. His sleep is disturbed due to pain. The pain is sharp, dull, aching, pins and needles. It is constant and intermittent. His pain is decreased with medication and rest. The patient review of systems states that he has dizziness, migraine headaches and excessive sleepiness. The lumbar exam reveals tenderness to palpation in the lumbar paraspinal area. The straight leg raise is negative bilaterally. There are decreased deep tendon reflexes in the patella and weakness of the extensor hallucis longus. The gait is antalgic. There is tenderness at the left greater trochanter. The treatment plan is refill Lyrica, Norco, Percocet, Provigil, urine drug screen. Per documentation a 9/15/14 office visit revealed that the patient reported 4-7/10 pain which was constant and intermittent. The lumbar and lower extremity exam findings were similar to the March 2014 exam findings. There was also a negative apprehension and drop arm test. The plan was to continue Lyrica, Norco, Percocet, Provigil, Celebrex, Ambien, Amrix, and PT and have a right subacromial bursa injection for shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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- Pain Chapter

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

**Decision rationale:** Provigil 200mg # 30 is not medically necessary per the ODG Guidelines. The ODG states that Provigil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The documentation indicates that on prior utilization review opiate use was not supported therefore Provigil is not medically necessary. Additionally, the documentation indicates that the patient has sleep disturbances and is also on Ambien for sleep and that the patient suffers from headaches. The side effects of Provigil include insomnia and headaches. For all of these reasons Provigil is not medically necessary.