

Case Number:	CM15-0137528		
Date Assigned:	07/27/2015	Date of Injury:	02/21/2007
Decision Date:	09/01/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 51-year-old female who sustained an industrial injury on 2.21.07. The mechanism of injury was unclear. She complains of recurrent headache; pain in the cervical spine; bilateral shoulder; lumbar spine. Medications were Cymbalta, Elavil, Provigil, and Xanax. Diagnoses include rule out vasculitis; depression; headache; left sided weakness; gastropathy; right shoulder impingement syndrome; livedo reticularis. Diagnostics include MRI of the cervical spine showing desiccation and discopathy at C5-6, foraminal stenosis; MRI of the right shoulder (11.14.13) acromioclavicular joint degeneration with impingement and possible labral tear. On 6/17/15, Utilization Review evaluated requests for Provigil 100 mg as needed #30; Xanax 0.5 mg as needed #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100mg 1 everyday as needed, #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 (ODG), Pain, Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com, Treatment of narcolepsy, Modafinil.

Decision rationale: Provigil is the brand name version of modafinil. MTUS and ACOEM are silent with regards to modafinil. Other guidelines were used. UpToDate classifies Provigil as a central nervous system stimulant with FDA labeling usage to improve wakefulness in patients with excessive daytime sleepiness associated with narcolepsy and shift work sleep disorder (SWSD). Modafinil is also labeled for the adjunctive therapy for obstructive sleep apnea/hypopnea syndrome (OSAHS), and. There is also an off-label usage of modafinil for Attention Deficit Hyperactive Disorder (ADHD) and treatment of fatigue in multiple sclerosis and other disorders. The medical records do not indicate or substantiate the treatment for narcolepsy, SWSD, OSAHS, ADHD, or multiple sclerosis. The medical notes have also not indicated any conservative treatments were performed to address proper sleep hygiene and sleep-wake cycle. The patient is also being prescribed multiple medications to include a sedative hypnotic. As such, the request for Provigil 100mg 1 everyday as needed, #30 is not medically necessary.

Xanax 0.5mg every bedtime as needed, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: MTUS states that benzodiazepine (ie Xanax) is "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical records indicate that the patient has been on Xanax in excess of the MTUS recommendations of 4 weeks. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. The patient is also being prescribed a neurostimulant. As such, the request for Xanax 0.5mg every bedtime as needed #30 is not medical necessary.