MAXIMUS Federal Services

Case Number:	CM15-0182311		
Date Assigned:	09/23/2015	Date of Injury:	01/27/2000
Decision Date:	10/30/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/16/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47 year old male who reported an industrial injury on 1-27-2000. His diagnoses, and or impressions, were noted to include: chronic pain syndrome; lumbago; thoracic or lumbosacral neuritis or radiculitis; and sleep apnea. No current imaging studies were noted. His treatments were noted to include medication management, and modified work duties. The progress notes of 6-30-2015 reported: a recheck on his back that was "pretty much the same"; that he was receiving Provigil and noted that it much improved his chronic sedation; and that his back pain had become much more severe rated 7-9 out of 10, and with a return of hot sweats, since the discontinuation of 4 medications. The objective findings were noted to include: morbid obesity; that he appeared moderately sedated; diffuse spasms and tenderness throughout the lumbar spine; sensitivity to the extremities; that several medications had been abruptly discontinued without any weaning; that his pain had worsened with noted diaphoresis (sweating); and that his responses on the functional assessment form indicated that with medication his ability to function was improved, and he was unable to perform activities of daily living without medication. The physician's requests for treatment were noted to include Provigil 200 mg 1 pill twice a day x 2 weeks, #28 with no refills (okay to fill 30 days from previous). The Request for Authorization, dated 8-27-2015, was noted to include Provigil 200 mg, #28. The Utilization Review of 9-4-2015 non-certified the Provigil 200 mg, #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200 mg #28: 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 (Chronic) Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.nlm.nih.gov/medlineplus/druginfo/meds/a602016.html.

Decision rationale: Pursuant to Medline plus, Provigil 200 mg #28 is not medically necessary. Modafinil is used to treat excessive sleepiness caused by narcolepsy (a condition that causes excessive daytime sleepiness) or shift work sleep disorder (sleepiness during scheduled waking hours and difficulty falling asleep or staying asleep during scheduled sleeping hours in people who work at night or on rotating shifts). Modafinil is also used along with breathing devices or other treatments to prevent excessive sleepiness caused by obstructive sleep apnea/hypopnea syndrome (OSAHS; a sleep disorder in which the patient briefly stops breathing or breathes shallowly many times during sleep and therefore doesn't get enough restful sleep). Modafinil is in a class of medications called wakefulness promoting agents. It works by changing the amounts of certain natural substances in the area of the brain that controls sleep and wakefulness. In this case, the injured worker's working diagnoses are chronic pain syndrome; lumbago; thoracic or lumbosacral neuritis; other and unspecified sleep apnea; and sciatica. Date of injury is January 27, 2000. Request for authorization is August 25, 2015. According to a March 3, 2015 progress note, current medications include Dilaudid 4 mg; Norco 10/325 mg, Effexor and Provigil. The guidelines do not recommend Provigil for counteracting opiate sedation effects until after first considering reducing excessive opiate prescribing. Provigil is indicated in patients with excessive sleepiness secondary to narcolepsy, obstructive sleep apnea and shift work sleep disorder. Documentation does not discuss or change the treatment regimen in regards ongoing opiate treatment. There has been no reduction in Dilaudid and Norco. According to an August 25, 2015 progress note, the image worker has ongoing low back pain 7/10. Objectively, there is tenderness to palpation and spasm. The injured worker appears sedated. Utilization review indicates Provigil therapy was noncertified in April 2015. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no reduction in opiate usage, ongoing, persistent sedation, no documentation of narcolepsy, symptoms associated with ongoing sleep apnea was shift-work sleep disorder and no objective functional improvement associated with ongoing Provigil, Provigil 200 mg #28 is not medically necessary.