

Case Number:	CM15-0183180		
Date Assigned:	09/24/2015	Date of Injury:	09/12/2008
Decision Date:	11/03/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/17/2015

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

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:

The injured worker is a 53 year old female who sustained an industrial injury on 09-12-2008. According to a progress report dated 09-03-2015, the injured was seen for lower backaches. The provider noted that pain level had remained unchanged since the last visit. Intensity of pain with medications was rated 10 on a scale of 1-10. Without medications, pain was rated 10. Quality of sleep was fair. Activity level had decreased. The injured worker reported that her antidepressant had not been released. She was not able to function as pain had increased and mood was depressed. She was feeling more fatigued and exhausted and could not sleep. The provider noted "Requesting time off from work as she can no long function or perform activities of daily living." The provider also noted that the injured worker was back to work, working full-time. The provider noted that Zoloft was helpful. Current medications include Norco, Medrol, Provigil, Zoloft, Calcium, Chlorthalidone, Excedrin, multivitamins, probiotic, vitamin B-12 and vitamin D. Diagnosis included mood disorder other. The injured worker had been seen by a psychologist and was recommended to attend 6 individual visits and increase Zoloft. An epidural steroid injection had been requested. The injured worker reported functional improvement and improved activity tolerance. Sitting and standing was improved from 10 to 20-30 minutes on Norco prescription. Zoloft was increased. A urine drug screen was performed. An opioid contract was signed. CURES report on 09-03-2015 was appropriate. Prescriptions were written for Zoloft, Norco and Provigil. An authorization request dated 09-03-2015 was submitted for review. The request services included Zoloft, Norco and Provigil 100 mg one daily quantity 30. According to a pain management psychological consultation dated 05-19-2015, the injured worker had been taking Norco on a regular basis which caused drowsiness during the

daytime and so she took Provigil. At that time the provider recommended Provigil since the injured worker was continuing to work and Provigil supported her doing so. On 09-11-2015, Utilization Review non-certified the request for Provigil 100 milligrams 1 pill daily #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100 milligrams, 1 pill daily #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, Armodafinil.

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) Chapter: Provigil (modafinil).

Decision rationale: Based on ODG guidelines, 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 opiate should consider reducing the dose of opiates before adding stimulants. In this case, the patient is using Provigil to counteract the effects of Norco (an opiate), but instead, should be considering reducing the dose of opiates to see if this improves her sedation. Therefore, based on ODG guidelines and the evidence in this case, the request for Provigil 100 mg, 1 pill daily #30 is not medically necessary.