

Case Number:	CM15-0184684		
Date Assigned:	09/25/2015	Date of Injury:	02/27/2003
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 49 year old male, who sustained an industrial injury on 2-27-2003. The injured worker is undergoing treatment for: complex regional pain syndrome, sleep apnea, panic disorder. On 8-11-2015, he reported not feeling well, and being more depressed and having increased suicidal ideation with no intent or plan. He reported he is able to sleep on less valium and he had increased on his own Lexapro from 20 the 30 a few days prior. He reported sleeping 6 hours. On 9-1-15, he was reported as not doing well per his last visit. He is reported to be utilizing Nuvigil despite a diagnosis of obstructive sleep apnea. He also reported that his temper was worse and he was having outbursts with his family. There is notation of Lexapro being increased to 30mg 3 days earlier. He is noted to sleep 5-6 hours per day. Objective findings revealed "there were no vitals filed for this visit". In the treatment plan notes the provider indicated he is "doing very poorly, deteriorating in absence of ongoing therapy and repeated medication denials and may be in need of acute inpatient hospitalization". The treatment and diagnostic testing to date has included: medications, multiple sessions of psychotherapy. Medications have included: Lidoderm patches, Dilaudid, Norco, Celebrex, Abilify, Lexapro, Soma, Lyrica and Flector patches, Nuvigil (since August 2015, possibly longer). Current work status: unclear. The request for authorization is for: Provigil 150mg by mouth daily every other week. The UR dated 9-4-2015: non-certified the request for Provigil 150mg by mouth daily every other week.

IMR ISSUES, DECISIONS AND RATIONALES

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

P2P Provigil 150mg by mouth daily every other week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) modafinil.

Decision rationale: Guidelines do not recommend Provigil to counteract sedation effects of narcotics until after first reducing narcotic prescribing. It may be used to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, sleep apnea and shift work sleep disorder. In this case, the patient did not complain of fatigue or sleep disorders. The request for Provigil 150 mg is not medically appropriate and necessary.