

Case Number:	CM15-0186358		
Date Assigned:	09/28/2015	Date of Injury:	12/29/2000
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/22/2015

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 71 year old male, who sustained an industrial injury on 12-29-2000. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include closed head injury with concussion, post-concussion syndrome with cognitive impairment and mood impairment, as well as sleep disturbance, headaches, dizziness, anxiety, depression, and chronic pain syndrome, lumbar sprain-strain, history of treatment for lymphoma-in remission, and prostate disease, currently in remission. The medical records documented a history of ongoing headaches, cognitive impairment, and an underlying sleep disorder with REM sleep causing him to thrash violently in his sleep. The sleep disorder was noted to be successfully treated with Halcion, allowing for a decreased dose of the Provigil. The medical records in 2015, documented the "patient's condition is stable." Current medications included monafinil (Provigil), Cymbalta, Seroquel, and Halcion, noted monthly since 11-18-14. On 8-11-15, no subjective complaints were documented. The physical examination documented no acute findings. The plan of care included continuation of medications as previously prescribed. The appeal requested authorization for Provigil 100mg #120 with two refills. The Utilization Review dated 8-28-15, modified this request to allow Provigil 100mg #60 with no refills to allow for weaning to discontinue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100mg #120 with 2 refills: 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 (web: updated 7/15/15) Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDA - provigil FA indication for narcolepsy.

Decision rationale: The medical records documented a history of ongoing headaches, cognitive impairment, and an underlying sleep disorder with REM sleep causing him to thrash violently in his sleep. There is no documentation of narcolepsy. Provigil is FDA indicated for condition of narcolepsy. In absence of such diagnosis, the medical records do not support this treatment. The request is not medically necessary.