

Case Number:	CM15-0189051		
Date Assigned:	10/01/2015	Date of Injury:	01/06/2000
Decision Date:	11/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 63 year old male, who sustained an industrial injury on 1-6-00. The injured worker was diagnosed as having lumbar radiculopathy, lumbosacral disc degeneration and lumbar disc disorder. Medical records (5-13-15 through 7-15-15) indicated 3-5 out of 10 pain with medications and 6-7 out of 10 pain without medications and his activity level has decreased. Treatment to date has included several lumbar epidural injections and a home exercise program. Current medications include Celebrex, Ambien, Norco, Ultram ER, Percocet, Aspirin, Plavix and Provigil (since at least 5-13-15). As of the PR2 dated 9-9-15, the injured worker reports back pain radiation from low back down the right leg. He rates his pain 3 out of 10 with medications and 6 out of 10 without medications. There is no documentation of sleep quality or difficulty staying awake during the day. The treating physician noted that the injured worker suffered a TIA on 7-27-15. The treating physician requested Provigil 200mg #30 x 1 refill. On 9-16-15 the treating physician requested a Utilization Review for Provigil 200mg #30 x 1 refill, Percocet 10-325mg #120 and Ultram 100mg #30. The Utilization Review dated 9-21-15, non-certified the request for Provigil 200mg #30 x 1 refill and certified the requests for Percocet 10- 325mg #120 and Ultram 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 8.

Decision rationale: According to the guidelines, Provigil is indicated for Narcolepsy, sleep apnea or shift work. It is not indicated for the side effects due to opioids. In this case, there was only mention of a sleep disorder. The claimant was also on Ambien, which aids in sleeping, while Provigil aids in staying awake. Due to the lack of clarity for use of medications with opposite effects on sleep, the Provigil is not medically necessary.