

Case Number:	CM15-0218254		
Date Assigned:	11/10/2015	Date of Injury:	10/09/1991
Decision Date:	12/21/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/05/2015

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: 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 57 year old male who sustained an industrial injury on 10-09-1991. A review of the medical records indicated that the injured worker is undergoing treatment for chronic depressive personality disorder, myalgia and myositis. According to the treating physician's progress report on 09-11-2015, the injured worker continues to experience total body pain, increased neck and shoulder pain, chronic fatigue, sleeping difficulty and morning gel phenomenon. Objective findings noted a normal neurological examination without new joint swelling or new rheumatoid arthritis deformities. The injured worker had 12 plus trigger points and tenderness. Prior interventional modalities, therapies and medications were not included in the review. Current medications were listed as Norco, Fentanyl patch, Cymbalta, Lunesta (since at least 01-2015) and Provigil (since at least 01-2015). Treatment plan consists of the current request for Modafinil 200 mg #180 and Eszopiclone 3 mg #90. On 10-12-2015 the Utilization Review determined the request for Modafinil 200 mg #180 and Eszopiclone 3 mg #90 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil 200 mg #180: 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).

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), Provigil® (Modafinil).

Decision rationale: The requested Modafinil 200 mg #180 is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Pain (Chronic), Provigil (Modafinil) note "Provigil is the brand name for Modafinil, manufactured by ██████████, 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." The injured worker has total body pain, increased neck and shoulder pain, chronic fatigue, sleeping difficulty and morning gel phenomenon. Objective findings noted a normal neurological examination without new joint swelling or new rheumatoid arthritis deformities. The injured worker had 12 plus trigger points and tenderness. The treating physician has not documented trials of sleep-inducing medications reductions nor evidence of the presence of narcolepsy. The criteria noted above not having been met, Modafinil 200 mg #180 is not medically necessary.

Eszopiclone 3 mg #90: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Eszopiclone (Lunesta), Insomnia treatment.

Decision rationale: The requested Eszopiclone 3 mg #90 is not medically necessary. CA MTUS is silent and ODG - Pain, Eszopiclone (Lunesta), Insomnia treatment, noted that it is "Not recommended for long-term use" and "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." The injured worker has total body pain, increased neck and shoulder pain, chronic fatigue, sleeping difficulty and morning gel phenomenon. Objective findings noted a normal neurological examination without new joint swelling or new rheumatoid arthritis deformities. The injured worker had 12 plus trigger points and tenderness. The treating physician has not documented details of current insomnia nor sleep hygiene modification attempts, nor rule out other causes of insomnia. The criteria noted above not having been met, Eszopiclone 3 mg #90 is not medically necessary.