

Case Number:	CM15-0055306		
Date Assigned:	03/30/2015	Date of Injury:	01/22/1987
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/23/2015

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 64 year old female, who sustained an industrial injury on 1/22/1987. She reported injury from a slip and fall. The injured worker was diagnosed as having chronic bilateral lumbar radiculopathy and bipolar disorder. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 12/11/2014, the injured worker complains of continued neck and low back pain. The treating physician is requesting Provigil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg, 2 1/2 tabs daily, one month supply (brand name only): 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), Treatment Index, 13th Edition (web), 2015, Pain - Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Pain (Chronic) Provigil® (modafinil) Provigil.

Decision rationale: The requested Provigil 200mg, 2 1/2 tabs daily, one month supply (brand name only), is not medically necessary. CA MTUS is silent. Official Disability Guideline, Pain (Chronic) Provigil (modafinil) Provigil, note that providers should reduce opiate and related medications, before utilizing this medication to start medication-induced sleepiness. The injured worker has neck and low back pain. The treating physician has not documented the medical necessity for this medication as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, Provigil 200mg, 2 1/2 tabs daily, one month supply (brand name only) is not medically necessary.