

<b>Case Number:</b>	CM15-0088217		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	12/05/2000
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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: 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 52-year-old male, who sustained an industrial injury on December 5, 2000. He reported the sudden onset of low back pain. The injured worker was diagnosed as having back pain and right shoulder pain. He was status post surgery of the lumbar spine, shoulder surgery x2, right knee, and right ankle. Diagnostic studies were not included in the provided medical records. Treatment to date has included lumbar trigger point injections, and medications including opioid, wakefulness-promoting, and non-steroidal anti-inflammatory. On March 30, 2015, the injured worker complains of non-radiating pain across the low back, which is unchanged. He has mild restricted movement due to pain. The intensity of his pain is moderate, and it is relieved by rest. The treating physician noted the injured worker has an acute flare-up. He is working part-time. The physical exam revealed mildly restricted right shoulder range of motion, and tenderness of the right biceps tendon. There was pain with overhead activities using the right shoulder, pain while sleeping, and pain over the outer aspect of the shoulder. The lumbar spine exam revealed lumbar 4 and lumbar 5 tenderness, bilateral paraspinal spasm, and trigger points at lumbar 4, lumbar 5, and bilateral sciatic. There was moderate bilateral sacroiliac joint tenderness, decreased range of motion by 25%, and a normal gait. The sensory exam, motor exam, and deep tendon reflexes were normal. The treatment plan includes the administration of 2 trigger point injections. The requested treatments are Provigil and Norco. The injured worker is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Provigil 200mg #30 (one refill):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://provigil.com/media/PDFs/prescribing\\_info.pdf](http://provigil.com/media/PDFs/prescribing_info.pdf), Provigil.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** According to ODG, Modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. In this case, the injured worker is not diagnosed with conditions that would support this medication. The injured worker is not working and therefore shift work sleep disorder can not be a diagnosis. Per a 2013 study cited in ODG, prescriptions for modafinil have rapidly increased in recent years, and most of this increase is due to off-label use, according to a JAMA study, with 89% of patients prescribed modafinil not having an on-label diagnosis. The request for Provigil 200mg #30 (one refill) is not medically necessary and appropriate.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS guidelines, the long term use of opioids is not supported due to the development of dependency and tolerance. The long term use of opioids is also associated with hormonal imbalance in men. Furthermore, the MTUS guidelines state that opioids may be continued if there has been improvement in pain and function. The MTUS guidelines also do not support opioids as first line treatment. In this case, the medical records do not establish attempt and failure at first line adjuvants in the treatment of chronic pain. In addition, there is no evidence of subjective or objective functional gains despite the ongoing use of Norco. The request for continued opioid use is not supported. The request for Norco 10/325mg #90 is not medically necessary and appropriate.