

Case Number:	CM14-0115325		
Date Assigned:	08/04/2014	Date of Injury:	07/10/1997
Decision Date:	10/08/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 10, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for Provigil. In a December 5, 2013 progress note, the applicant reported persistent complaints of low back, knee, foot, and neck pain, 9/10, with medications versus 10/10 without medications. The applicant was on tramadol, Provigil, and Ambien, it was acknowledged. Toradol injection was given in the clinic setting. The attending provider stated that he was appealing the earlier denial of Provigil through the independent medical review system. Neurontin, Ambien, tramadol, metformin, Wellbutrin, Robaxin, and Protonix were prescribed. It was not stated for what purpose Provigil had been given. In an April 9, 2013 Medical Legal Evaluation, it was suggested that the applicant was receiving Social Security Disability Insurance (SSDI) benefits. In a progress note dated June 19, 2014, the applicant was described as using Provigil, Wellbutrin, Celebrex, metformin, tramadol, Ambien, Neurontin, Protonix, and Tizanidine. It was not stated for what purpose Provigil was being employed. 8/10 multifocal neck, low back, and bilateral upper and bilateral lower extremity pain was noted with medication versus 10/10 without medications. The applicant was reportedly worsened.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment in Workers' Comp, 12 edition Pain (updated 6/10/14) Modafinil (Provigil)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, pages 7-8 and Food and Drug Administration (FDA).

Decision rationale: While the MTUS does not address the topic of Provigil usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA label purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Provigil is indicated to improve wakefulness in patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome, and shift work disorder. In this case, however, there is no evidence that the applicant carries any of the aforementioned diagnoses. No rationale for selection and/or ongoing usage of Provigil was furnished by the attending provider. It was not established for what purpose Provigil was selected. Continued usage of same, thus, amounts to non-FDA labeled purposes. The attending provider does not furnish any applicant-specific rationale or medical evidence to support such usage. Therefore, the request is not medically necessary.