

<b>Case Number:</b>	CM14-0121638		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/19/1998
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family Practice and is licensed to practice in Mississippi and Texas. 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 injured worker is a 67-year-old male who reported an injury on 03/23/1998. The mechanism of injury was reportedly stress. His diagnoses included depressive disorder and alcohol dependence. His treatment included psychological therapy and medications. His previous diagnostics were not provided. His surgeries included a left knee surgery and a right shoulder surgery. On 09/23/2010, the injured worker reported difficulty restraining impulses to lash out at others. Also, he reported delirious changes in his emotional functioning when off his medications. Objective findings included the injured worker to be very friendly, he did not seem pathologically tense or anxious, and his mood seemed within normal limits, although subjectively he reported a type of low grade chronic mild depression. His medications at the time were noted as amlodipine, lisinopril, Vytorin, aspirin, Norco, Provigil, and Nuvigil. The treatment plan was for Provigil 200 mg 60 count. The rationale for the request and the Authorization Form were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Provigil 200 mg. #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dosing and Indications, Provigil, Micromedex, Truven Health Analytics, 2013

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

**Decision rationale:** Based on the clinical information submitted for review, the request for Provigil 200 mg 60 count is not medically necessary. As stated in the Official Disability Guidelines, Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. A patient should have a complete evaluation with a diagnosis made in accordance with the international classification of sleep disorders. The injured worker reported taking Provigil and Nuvigil to ward off lethargy and decreased motivation. The guidelines indicate that this medication is used in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The clinical information submitted for review had insufficient documentation indicating that the injured worker suffered from any of these diagnoses. Furthermore, the injured worker reported that the Nuvigil seemed to be somewhat more effective because of the longer duration of effectiveness and he did not have to repeat the dose like with Provigil, which is shorter acting. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Provigil 200 mg 60 count is not medically necessary.