

Case Number:	CM14-0057472		
Date Assigned:	07/09/2014	Date of Injury:	09/14/1993
Decision Date:	06/09/2015	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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: Arizona, 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 58-year-old male who sustained an industrial injury on 9/14/1993. His diagnoses, and/or impressions, are noted to include multi-level cervical facet arthropathy and radiculopathy and cervical fusion surgery with re-do; lumbar radiculitis, disc degeneration and facet syndrome; lumbosacral disc degeneration, herniation and spondylosis with severe facet arthropathy; pseudoarthrosis; No current imaging studies are noted. His treatments have included lumbosacral platelet rich plasma epidural (2/6/13); and medication management. Progress notes of 4/4/2014 reported complaints of chronic, constant neck pain that radiates into the bilateral shoulders, right > left, aggravated by activity and improved with medications and resting; and frustration due to pain, non-restful sleep and migraine headaches. Objective findings were noted to include painful cervical range-of-motion, and muscle wasting to the left leg. The physician's requests for treatments were noted to include Provigil for fatigue secondary to opioid usage and to treat industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 100mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pain (chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation insomnia medications and pg 64 Cochrane Database Syst Rev. 2015 May 30;5: CD006788. doi: 10.1002/14651858. CD006788. pub3. Pharmacological treatments for fatigue associated with palliative care. Mücke M1; Mochamat, Cuhls H, Peuckmann-Post V, Minton O, Stone P, Radbruch L.

Decision rationale: In this case, the claimant had a sleep disorder for which he was taking Lunesta at night. He had sleep/fatigue disorder related to Norco use. In this case, the claimant was on two medications that had the opposite effect. In addition, Provigil is primarily indicated for those diagnosed with Narcolepsy not associated with other medications. As a result, the request for Provigil is not medically necessary.