

<b>Case Number:</b>	CM15-0111823		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	11/15/1999
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Physical Medicine & Rehabilitation

### 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 74 year old male, who sustained an industrial injury on 11/15/99. Initial complaints were not reviewed. The injured worker was diagnosed as having posttraumatic stress disorder; depressive disorder; chronic pain; lumbar spinal stenosis; spondylolisthesis; lumbar facet arthropathy. Treatment to date has included status post partial left nephrectomy (8/4/10); status post coronary artery stent placement (12/20/11); status post discectomy and laminectomy (no date); status post partial nephrectomy right kidney (4/25/12); psychiatric care/therapy; medications. Diagnostics included MRI lumbar spine (8/30/12). Currently, the PR-2 notes dated 3/30/15 indicated the injured worker complains of lower back pain and bilateral lower extremity pain along with left upper extremity pain. The injured returns to this office on this date as a follow-up visit. He continues to experience lower back and bilateral leg pain. There is numbness/giving way in both legs. The left leg is more painful than the right leg primarily affecting the left thigh. He has significant numbness in his legs that limits the ability to move quickly. The right buttock pain is worsening. He was advised to undergo nerve testing of the left arm but it was not authorized. He rates his pain as 7-10/10. He is currently using a cane. He is limited on performance of activities of daily living and must live with his son for financial and physical needs. On physical examination of his lumbar spine he is forward flexed getting up from a seated position for his first few steps. There is no thoracic tenderness but there is lumbar spine L3-L4 through L5-S1 with greatest at L5-S1. There is no tenderness over the SI joints. Straight leg raising is performed bilaterally to 90/90 degrees in sitting position with lower back pain as well as pain along the medial aspect of the left thigh. A MRI of the lumbar spine dated

8/30/12 was reviewed by the provider noting: the MRI was performed in an upright position. A grade II spondylolisthesis is noted at L4-L5 with a 13mm of anterior subluxation. There is severe disc desiccation at this level with superior migration of the disc extrusion which measures 9mm causing severe central and moderate foraminal narrowing. There is also disc protrusion above at L2-L3 measuring 3mm. At L3-L4 the protrusion measures 2mm and 2mm at L5-S1. The provider is requesting authorization of Provigil 200mg (unspecified quantity).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Provigil 200mg (unspecified qty): 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), Pain, Modafinil (Provigil).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) Chapter, Armodafinil (Nuvigil).

**Decision rationale:** Based on the 04/27/15 progress report provided by treating physician, the patient presents with low back pain rated 7/10, with pain and numbness to the bilateral legs. The patient is status post partial left nephrectomy 08/04/10, partial nephrectomy right kidney 04/25/12, coronary artery stent placement 12/20/11 and discectomy and laminectomy unspecified date. The request is for PROVIGIL 200MG (UNSPECIFIED QTY). Patient's diagnosis on 04/27/15 included lumbar disc bulge with myelopathy, lumbar spinal stenosis, spondylolisthesis, and lumbar facet arthropathy. Patient's diagnosis on 03/05/15 included PTSD, depressive disorder and chronic pain. The patient ambulates with a cane. Physical examination to the lumbar spine revealed tenderness from L3-S1, and over the SI joints. MRI of the lumbar spine dated 08/30/12 per 04/27/15 report demonstrated "grade II spondylolisthesis at L4-L5 with 13mm of anterior subluxation. There is severe disc desiccation at this level, with superior migration of the disc extrusion, which measures 9mm causing severe central and moderate foraminal narrowing." Treatment to date included surgeries, psychiatric care/therapy, and medications. The patient remains temporarily totally disabled, per 04/27/15 report. Treatment reports were provided from 11/06/14 -04/27/15. ODG Guidelines, Pain (chronic) Chapter under Armodafinil (Nuvigil) states: "Provigil (Modafinil): Not recommended solely to counteract sedation effects of narcotics." Modafinil is used to treat excessive sleepiness caused by narcolepsy, obstructive sleep apnea or shift work sleep disorder. It is very similar to Amodafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil. Per 03/05/15 report entry, treater states the patient "continues on the Provigil." It is not known when the medication was initiated. Per 01/29/15 report, treater states "the Provigil helps keep [the patient] awake and alert. Sleeping is maybe only 2 or 3 hours at night in 1 block and then back asleep, so trouble falling asleep, staying asleep." ODG indicates this medication for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. In this case, treater has documented patient's difficulty falling and staying asleep;

as opposed to excessive sleepiness. This request does not appear to be in accordance with guideline recommendations. Therefore, the request IS NOT medically necessary.