

Case Number:	CM15-0128276		
Date Assigned:	07/15/2015	Date of Injury:	12/23/1982
Decision Date:	09/09/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 61 year old male injured worker suffered an industrial injury on 12/23/1982. The diagnoses included dementia due to head trauma, dysthymic disorder, traumatic brain injury and post-traumatic headaches and dizziness secondary to the catastrophic brain injury. The diagnostics included cervical magnetic resonance imaging, brain magnetic resonance imaging, and computerized tomography of the abdomen and pelvis. The injured worker had been treated with medications and psychotherapy. On 6/3/2014 the orthopedic provider noted the injured worker was taking Provigil. On 11/12/2014 the treating provider reported he utilized Provigil as he had disrupted sleep as he had to get up frequently to urinate and is awakened often by right shoulder pain. On 11/24/2014 the treating provider reported poor memory and concentration. He had difficulty with long-term information as well as substantial deficits in short term memory and immediate recall. The injured worker had not returned to work. The treatment plan included Provigil 200mg #30.

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 ACOEM chapter 4, page 65, Official Disability Guidelines, Pain Chapter online version.

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

Decision rationale: Provigil (Modanafil) is a wakefulness-promoting agent that is FDA approved for the treatment of wakefulness disorders such as narcolepsy, shift work disorder, and excessive daytime sleepiness associated with obstructive sleep apnea. In this case, it was not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. However, the documentation did not provide any evidence of the above approved conditions for use of this medication. It was not clear in the documentation when the medication was prescribed. There was no documentation of evaluation of efficacy or an assessment of side effects. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.