

Case Number:	CM15-0179998		
Date Assigned:	09/21/2015	Date of Injury:	02/04/2002
Decision Date:	10/26/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/14/2015

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: Preventive Medicine, Occupational Medicine

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 59 year old female, who sustained an industrial injury on 2-4-02. The injured worker is undergoing treatment for organic affective syndrome. Medical records dated 8-7-15 indicates the psychologist spoke to the injured worker on 8-5-15 and she complains of short of breath rapid heartbeat and fatigue. She reports "she sleeps and inordinate amount of time." Physical exam dated 8-5-15 notes "depression is improved. She does not appear depressed or despondent and was not tearful in the office." Treatment to date has included pulmonology, psychiatric and psychological treatment and medication. The original utilization review dated 9-11-15 indicates the request for Provigil 200mg #30 is non-certified noting not recommended solely to counteract sedation effects of narcotics until first considering reducing excessive narcotic prescribing and Provigil is indicated to improve wakefulness associated with narcolepsy, obstructive sleep apnea and shift work sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil 200mg, #30: Overturned

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 Chapter, Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Modafinil and Other Medical Treatment Guidelines <http://mentalhealthdaily.com/2015/06/07/provigil-modafinil-for-depression-an-effective-off-label-treatment/>.

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines addresses this medication mainly in relationship to its use to counter the effects of opioids. In this circumstance, the medication is being utilized to treat major depression as a secondary medication to other first line anti-depressants. The Provigil is recommended and monitored by a Psychiatrist and its use in this circumstance is consistent with the standard of care for major depression. Under this unique circumstance, the Provigil 200 mg #30 is medically necessary.