



Medwork Independent Review

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DATE OF REVIEW: 05/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Provigil 200 mg 1 ½ qam #60 no refills

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

REVIEW OUTCOME Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY:

Claimant is a male who sustained a work-related injury on xx-xx-xx involving the lumbar spine secondary to a trip and fall. The patient's current diagnosis is failed lumbar spine back syndrome. Subsequent to the injury, the patient has had complex and extensive medical treatment consisting of lumbar spinal pump placement and a change in treating physicians, who is prescribing a multitude of medications. Currently the patient suffers from chronic low back/leg pain and has issues with chronic pain behavior as related to psychosocial stressors to include depression and anxiety. Patient recently, within the year 2008, has transferred his medical treatment to Dr., prescribing methadone 50 mg per day, Pristiq 50 mg per day, Keppra 750 mg t.i.d., Skelaxin, and Provigil 200 mg 1-1/2 tablets q.a.m., #60. The medication Provigil is being used "off-label" and is being prescribed to reduce the sedation effects of the opioid currently being prescribed. Dr., from the information submitted, has attempted to titrate this medication without a decrease in methadone, which patient continued with sedation effects. Previous reported denials in the summary indicate that Provigil's use off-label falls out of Official Disability Guidelines.



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ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient is an outlier to Official Disability Guidelines regarding this medication prescription. Often medications are prescribed and used "off label" by pain management physicians as a standard of care based on individual response in clinical practices. The medication prescribed by Dr. is medically appropriate and necessary and reasonable and should be continued.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)