

Case Number:	CM13-0012448		
Date Assigned:	12/04/2013	Date of Injury:	02/04/2008
Decision Date:	02/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41 year old male with a stated date of work related injury of 2/4/2008. The mechanism of injury was buffing a car when he felt tingly and numbness in his hands and arms. The listed diagnoses included: Carpal tunnel syndrome (CTS) and a lesion of the ulnar nerve. On 6/27/13, the patient was seen by [REDACTED], for bilateral repetitive stress/strain of the left elbow, cubital tunnel syndrome treated with multiple surgeries, status-post bilateral CTR, right cubital tunnel release, and residual complete left ulnar neuropathy. The patient's medications included Dilaudid, which he discussed weaning off, and also Lidoderm patches, which have been denied. He was also on Neurontin 600mg, Provigil 100mg, Amitiza 24 mcg, Colace 250mg and Ibuprofen 800mg. The objective findings on exam listed tenderness in the medial right elbow with limited range of motion (ROM) in flexion, extension, pronation and supination bilaterally. There was also reduced strength bilaterally. There was reduced grip strength bilaterally and limited ROM to the wrists, along with reduced sensation to touch in the left palm. The treatment plan explained the medications will be refilled and included Dilaudid 4mg tid #90, Provigil 100mg qd #30, Amitiza 34mcg bid #60, Neurontin 600mg tid #180, Col ace 250mg bid #60 and Lidoderm patch 5% 1-3 patch 12 hr on and 12 hr off #90. At issue is the request for Provigil 100mg qd #30 which was denied for a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil 100 mg, 1 by mouth daily, #30 for 30 days: 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: Provigil (modafinil).

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

Decision rationale: The rendering provider has prescribed Modafinil for this patient solely to counteract sedation effects of narcotics. The guidelines do not support this type of treatment, until after first considering reducing excessive narcotic prescribing. Therefore the request for Modafinil 100 mg 1 by mouth daily, #30 for 30 days is not medically necessary. CA-MTUS (Effective July 18, 2009) is mute about Modafinil. ODG-TWC-PAIN (Chronic) Chapter (Updated 11/14/2013-Modafinil (Provigil) Not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. Adverse effects: This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. Common adverse effects include headache, nausea, nervousness, rhinitis, diarrhea, back pain, anxiety, insomnia, dizziness, and dyspepsia. Dose: The standard dose for these conditions is 200 mg a day. The dose should be reduced to $\hat{A}1/2$ for patients with severe hepatic impairment. (Clinical Pharmacology, 2008) (Micromedix, 2008) (Lexi-Comp, 2008) (AHFS Drug Information, 2008) Modafinil is increasingly being used as a cognitive enhancer. Although initially launched as distinct from stimulants that increase extracellular dopamine by targeting dopamine transporters, recent preclinical studies suggest otherwise. There is need for heightened awareness for potential abuse of and dependence on modafinil. (Kumar, 2008) (Volkow-JAMA, 2009) Prescriptions for modafinil have rapidly increased in recent years, and most of this increase is due to off-label use, according to a JAMA study, with 89% of patients prescribed modafinil not having an on-label diagnosis. The company that markets modafinil, Cephalon Inc, was sued by several US states for promoting modafinil for off-label indications and agreed to a settlement in 2008. (Peñaloza, 2013).