

Case Number:	CM13-0012994		
Date Assigned:	12/27/2013	Date of Injury:	02/04/2008
Decision Date:	03/05/2014	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 Physical Medicine & Rehabilitation 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:

The patient is a 42-year-old male who reported an injury on 02/04/2008. The mechanism of injury was stated to be the patient was waxing a car. The patient's diagnosis per the Application of Independent Medical Review was noted to be carpal tunnel syndrome, and the request was made for Modafinil 100 mg 1 by mouth daily #30 for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil 100mg, 1 by mouth daily. #30/30 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), Treatment Index, 11th Edition (web), 2013 Work Loss Edition, 2007 Data Institute, 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 Chapter Modafinil.

Decision rationale: The Physician Reviewer's decision rationale: Official Disability Guidelines do not recommend Modafinil to solely counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. It is indicated to improve wakefulness in

adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. There was a lack of documentation to include a PR 2 to support the request and provide the rationale for the requested medication. Given the above, the request for Modafinil 100 mg, 1 by mouth daily #30 for 30 days is not medically necessary.