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| Case Number: | CM13-0044047 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 02/14/2009 |
| Decision Date: | 04/23/2014 | UR Denial Date: | 10/23/2013 |
| Priority: | Standard | Application Received: | 10/31/2013 |

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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 injured worker is a 34 year old woman with a date of injury of 2/14/09. She has a history of chronic back pain and was seen by her primary treating physician on 10/1/13. She had moderate to severe pain in her low back, gluteal area, arms, legs, neck and thighs with radiation. She had numerous chronic problems and medications. Her physical exam showed normal vital signs and pain and spasm in her lumbar and thoracic spine with palpation and range of motion. She had decrease in right and left hip strength. She was alert and oriented with normal insight and judgment. Her diagnoses included lumbar degenerative joint disease, muscle spasms, postlaminectomy syndrome of lumbar region, myalgia and myositis, chronic pain due to trauma and spinal fusion. Medications included valium, sprix, morphine, topical compounded analgesics, kadian, abilify, insulin, klonopin, gabapentin, modafinil and baclofen. At issue in this review is the refill of modafinil.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 MODAFINIL 200MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, drug information Modafinil.

Decision rationale: Modafinil is used in the treatment of narcolepsy and obstructive sleep apnea. In this injured worker, she has a history of multiple chronic conditions but narcolepsy and sleep apnea are not amongst the problems listed. The medical records do not substantiate the medical necessity for modafinil.