

Case Number:	CM13-0049812		
Date Assigned:	12/27/2013	Date of Injury:	01/27/2000
Decision Date:	04/26/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/08/2013

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 Family Medicine and is licensed to practice in Texas. 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 patient is a 52-year-old female who reported an injury on 01/27/2000, due to cumulative trauma while performing normal job duties. The patient reportedly sustained an injury to her cervical spine, lumbar spine, and bilateral wrists. There was no recent documentation submitted for review to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODAFANTIL 200MG #180: 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)

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, Modafantil Section

Decision rationale: The requested Modafantil 200 mg #180 is not medically necessary or appropriate. It appears there is a typo in the request. Therefore, the appropriateness of this request is difficult to determine. It would seem that an attempt to request Modafantil or Provigil is being made. However, without any recent documentation, there is no way to verify this. The Official Disability Guidelines recommend that Modafantil be prescribed for patients with

excessive daytime sleepiness related to narcolepsy. Without any documentation, there is no way to determine the need for this medication. As such, the requested Modafantil 200 mg #180 is not medically necessary or appropriate.