

Case Number:	CM13-0050519		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2004
Decision Date:	03/17/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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 Orthopedic Surgery, has a subspecialty in Pediatrics Orthopedics and is licensed to practice in Texas, California and Colorado. 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 66-year-old male who reported an injury on 08/16/2004. The mechanism of injury was not provided. The clinical documentation submitted for review was dated 05/15/2013 and indicated the patient was taking the medication. The patient's diagnosis was noted to be mild cognitive impairment, unstated. The request was made for Modafinil #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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, Modafinil.

Decision rationale: The Official Disability Guidelines indicate Modafinil is not recommended solely to counteract sedating effects of narcotics until after first considering reducing excessive narcotic prescribing. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work disorder.

Additionally, it indicates the patient should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. The clinical documentation submitted for review was dated 05/15/2013 and indicated the patient was taking the medication. There was a lack of documentation of objective functional improvement with the medication and there was a lack of a more recent office visit. Additionally, there was lack of documentation indicating the patient had a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. There was a lack of documentation indicating the strength of the medication being requested. Given the above, the request for Modafinil #30 is not medically necessary.