

Case Number:	CM13-0071902		
Date Assigned:	01/08/2014	Date of Injury:	03/12/1997
Decision Date:	06/24/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Pain Medicine, and is licensed to practice in Florida. 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 52 year old male who reported an injury on 03/12/1997, secondary to an unknown mechanism of injury. The injured worker was evaluated on 01/23/2014 for reports of low back pain rated at 8/10, radiating to the right buttock, back of bilateral legs, and soreness in the bottom of the feet with numbness on toes intermittently. The exam notes indicated the patient is on opioid medication to allow for his chronic pain to be managed, which in turn, allows him to maintain gainful employment. The exam notes also indicated the side effect of the opioid medication is somnolence. The use of Provigil is noted to promote wakefulness and alertness, which allows him to commute to and from work, as well as maintain work-related duties. The diagnoses include lumbar disc degenerative and myofascial pain disorder. The treatment plan includes continued medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODAFINIL 200MG #30 X 1 REFILL: 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 (ODG) Chronic Pain Chapter, Modafinil (Provigil®).

Decision rationale: The Official Disability Guidelines do not recommend modafinil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. The Guidelines further state it is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. There is a significant lack of evidence of narcolepsy, obstructive sleep apnea, or shift work sleep disorder in the documentation provided. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.