

Case Number:	CM14-0003716		
Date Assigned:	02/03/2014	Date of Injury:	02/02/2000
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/10/2014

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 Internal Medicine 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 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 63 year old male who reported an injury on 02/02/2000. Physical examination on 01/16/2014 reported increased pain since his last visit. The findings of the physical examination were tenderness in the lumbar spine area and tenderness to palpation over the right quadriceps tendon and left knee medial joint line and patella. The injured worker was noted to be incredibly fatigued due to side effects of medications. The treatment plan includes Modafinil 200mg one daily as needed and refills for Avinza, Norco and Flector patch. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment is dated 01/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODAFINIL 200MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA- Provigil <http://www.drugs.com/pro/provigil.html>.

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, Medications, Modafinil.

Decision rationale: The Official Disability Guidelines do not recommended Modafinil solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Modafinil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. The documents provided for review do not indicate any reduction in narcotic prescribing and the documents fail to support the evaluation or diagnosis of a sleep disorder. Therefore, the request for Modafinil 200mg #30 is not medically necessary and appropriate.