

<b>Case Number:</b>	CM14-0004124		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	10/01/1998
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine and Rehabilitation 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 49 year old female with a reported injury date on 10/01/1998; the mechanism of injury was not provided. The clinical note dated 10/04/2013 noted that the injured worker had complaints that included increasing and excruciating pain to the lower back, left arm numbness and pain to the left lower extremity. It was noted that the injured worker has had difficulty attending follow-up appointments and functional restoration program evaluations because she cannot get out of bed. Objective findings included an antalgic gait and difficulty getting in and out of chair. The request for authorization form was not provided in the available clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MODAFINIL 200 milligrams (MG) AND 2 REFILLS:** 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), Pain Chapter.

**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 (Provigil).

**Decision rationale:** It is noted that the injured worker had complaints that included increasing and excruciating pain to the lower back, left arm numbness and pain to the left lower extremity. It was noted that the injured worker has had difficulty attending follow-up appointments and functional restoration program evaluations because she cannot get out of bed. Objective findings included an antalgic gait and difficulty getting in and out of chair. The Official Disability Guidelines recommend this medication to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The guidelines also state that Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification. The medical necessity for this medication has not been established. There is a lack of evidence that the injured worker had symptomatology that would benefit from the use of this medication. Additionally, there was a lack of evidence within the available documentation that the injured worker received a complete evaluation and diagnosis that would warrant the use of this medication. Furthermore, the request does not include the quantity of the proposed medication. As such, this request is not medically necessary.