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| Case Number: | CM14-0005670 | | |
| Date Assigned: | 02/05/2014 | Date of Injury: | 05/06/1999 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/13/2014 |

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, has a subspecialty in Pain Management, 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:

This patient is a 59-year-old male with a date of injury of May 6, 1999. The listed diagnoses per [REDACTED] are chronic bilateral pain secondary to osteonecrosis status post bilateral hip replacement, neuropathic pain, gait dysfunction chronic pain syndrome, and status post ankle fracture. According to the most recent progress report October 24, 2013 by the requesting physician, [REDACTED], the patient presents status post wide ankle fracture. It was noted that patient has been having an increasing right pain due to his antalgic gait. The patient has been stable on Norco 10/325 mg 1 to 2 tablets every 6 hours. He is able to function with Norco. This progress report requests refill of Norco and followup with [REDACTED], the patient's psychiatrist, to manage his psych medication. This report does not provide a request for Modafinil. Report October 22, 2013 by [REDACTED] indicates the patient has a long history of depression. He diagnosed the patient with major depressive disorder, anxiety disorder, and health issues. He recommends psychiatric care and continuation of medication including Cymbalta, Abilify 5 mg, Lamictal 100 mg, and Xanax 0.5 mg. He recommends discontinuation of Geodon, Cogentin, and Provigil. The medical file provides progress reports from [REDACTED], [REDACTED], and [REDACTED]. None of the reports by the following physicians provided a request for modafinil. Report October 22, 2013, by [REDACTED] does suggest patient discontinue Provigil (modafinil). Request is by [REDACTED] for modafinil 200 mg #30. Utilization review denied this request on December 27, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MODAFINIL 200 MG #30: 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).

Decision rationale: This patient has a diagnosis of status post ankle fracture and major depressive disorder and anxiety disorder. The request is for modafinil 200 mg #30, per [REDACTED]. Review of the progress reports from February 4 to December 19, 2013 provides no request or discussion regarding this medication but report from October 22, 2013 by [REDACTED], psychiatrist, recommends discontinuing this medication. The ACOEM and MTUS Guidelines do not discussed modafinil. However, the ODG has the following regarding Provigil, "not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to modafinil. Studies have not demonstrated any difference in efficacy and safety between armodafinil and modafinil." Review of the reports show that there is no discussions as to why this medication was prescribed and with what resultss. The patient is on low dose of opiate and there is no documentation of sedation. There is no documentation of excessive sleepiness due to narcolepsy or other sleep disorder. None of the eight progress reports by 4 different providers discuss this medication other than [REDACTED] who is recommending discontinuation. The request for Modafinil 200 mg, thirty count, is not medically necessary or appropriate.