

<b>Case Number:</b>	CM14-0103460		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/09/1991
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 insured is a 56 year old male with date of injury 10/9/1991. Mechanism of injury, previous treatments, comprehensive physical examination and history or previous surgeries are not provided in medical records available. The injured worker has a diagnosis of depressive personality disorder, and unspecified myalgia and myositis per the documentation of 2/21/2014 and 6/10/2014 by the primary treating physician. On subjective assessment, the patient had chronic fatigue, problem sleeping and continued total body pain. The injured worker is noted to have fibromyalgia symptoms, with pain and fatigue making it difficult to exercise. On physical examination, the patient is noted to have tender points, all quite exquisitely tender. No neurological abnormalities were noted on examination, rheumatological examination was normal and the patient was noted to be very depressed but cooperative. The plan of care included continuation of Lunesta, Cymbalta and Provigil for fibromyalgia syndrome, and to continue exercising. In another note, the patient is noted to need to continue Provigil for CFS (chronic fatigue syndrome). The physician submitted a request for Provigil 200 mg orally daily, 360 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Modafinil (Provigil) 200mg, #360:** 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) - Provigil Insomnia, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. A systematic review of chronic fatigue syndrome: don't assume it is depression. James P Griffith et al. Prim Care Companion J Clin Psychiatry. 2008; 10(2): 120-128. Available online at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2292451/> accessed 8/19/2014. 2. Blue Cross, Blue Shield Criteria for coverage of Modafinil - available online at <http://www.bcbsil.com/provider/pdf/nuvigil.pdf> accessed 8/18/2014.

**Decision rationale:** Chronic fatigue syndrome is treated with a combination of psychological, behavioral and pharmacologic treatments. In the only trial done in patients with chronic fatigue syndrome, Modafinil was not shown to be beneficial. It has also not been recommended for fibromyalgia. The only recommendations for this agent are in excessive daytime sleepiness with narcolepsy, shift work sleep disorder and sleep disordered breathing related sleepiness. In addition, management of fatigue in patients with multiple sclerosis has been shown to benefit with Modafinil. As such, the prescription for Modafinil for management of CFS (chronic fatigue syndrome) or FMS (fibromyalgia syndrome) cannot be recommended based on information provided and in view of the applicable literature. The request for Modafinil (Provigil) 200mg, #360 is not medically necessary.