

<b>Case Number:</b>	CM14-0155220		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	09/29/2008
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 Anesthesiology, 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:

According to the records made available for review, this is a 63-year-old female with a 9/29/08 date of injury and status posts multiple surgeries to the upper extremities. At the time (8/22/14) of request for authorization for Modafinil 200mg #30 with 3 refills, there is documentation of subjective (right upper extremity pain, right wrist and hand pain; total body pain, chronic fatigue and problem sleeping, daytime sleepiness) and objective (positive Tinel's) findings, current diagnoses (rule out carpal tunnel syndrome; myalgia and myositis NOS), and treatment to date (activity modification and medications). There is no documentation of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Modafinil 200mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net - Modafinil - Cephalon

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Modafinil (Provigil)

**Decision rationale:** MTUS does not address this issue. ODG supports Modafinil to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. In addition, ODG identifies that Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Within the medical information available for review, there is documentation of diagnoses of rule out carpal tunnel syndrome and myalgia and myositis NOS. However, despite documentation of problem sleeping and daytime sleepiness, there is no documentation of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Therefore, based on guidelines and a review of the evidence, the request for Modafinil 200mg #30 with 3 refills is not medically necessary.