

Case Number:	CM14-0030631		
Date Assigned:	06/20/2014	Date of Injury:	09/29/1993
Decision Date:	08/11/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain 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 47 year old female who sustained an injury on 09/29/93. No specific mechanism of injury was noted. The injured worker has been followed for multiple musculoskeletal complaints to include chronic bilateral lower extremity pain at the knees. The injured worker has had prior injections and had been recommended for surgical intervention. The injured worker was receiving Diladud intrathecally at a rate of 7-8mg per day. The injured worker was also utilizing Provigil 200mg once daily as needed as well as ketorolac 10mg. The injured worker is noted have had previous symptoms of excessive fatigue. The clinical assessment on 01/13/14 noted continuing severe headaches in the occipital region area bilaterally. The injured worker continued to report radicular symptoms in the lower extremities. Physical exam noted tenderness to palpation in the bilateral occipital areas. Reflexes were 2+ and symmetric in the lower extremities. Recommendations for bilateral occipital nerve injections at this evaluation. The injured worker's infusion rate of Dilaudid was increased from 7 to 7.5mg per day. The requested Modafinil 200mg #30 was denied by utilization review on 02/27/14.

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 Official Disability Guidelines Pain Chapter, Modafinil.

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.

Decision rationale: The clinical documentations submitted for review did not identify evidence to support diagnoses to include narcolepsy, obstructive sleep apnea, or shift work sleep disorder which are the indications for this medication. Guidelines do not recommend the use of Modafinil as a counteraction of sedation effects from ongoing narcotics use. As this medication is being prescribed off label and is not supported by the clinical literature to address the sedation effects from chronic narcotics use. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.