

Case Number:	CM14-0039955		
Date Assigned:	06/27/2014	Date of Injury:	12/15/1993
Decision Date:	08/08/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/04/2014

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 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:

According to the records made available for review, this is a 44-year-old male with a 12/15/93 date of injury. At the time (3/18/14) of request for authorization for Modafinil 200mg, there is documentation of subjective (low back pain and bilateral lower extremity edema) and objective (weight at 241.8 pounds, blood pressure 136/92, heart rate 108, and SaO2 at 97%) findings. The current diagnoses are: low back pain, lumbar discogenic pain, status post lumbar spine discectomies, and intrinsic hypercoagulable state, and treatment to date is: intrathecal pump and medications (including Modafinil) that has decreased daytime fatigue and lack of stamina with increased ability to focus at his job. There is no documentation of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder; and Modafinil not used to counteract sedation effects of narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil 200mg(2 in a.m. 1 at noon 7x/wk): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines-treatment workers' compensation 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, Modafinil

(Provigil).

Decision rationale: The California MTUS does not address the issue. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. Modafinil is not used to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing, as criteria necessary to support the medical necessity of Modafinil. Within the medical information available for review, there is documentation of diagnoses of low back pain, lumbar discogenic pain, status post lumbar spine discectomies, and intrinsic hypercoagulable state. In addition, there is documentation of ongoing treatment with Modafinil that has decreased daytime fatigue and lack of stamina with increased ability to focus at job. However, there is no documentation of excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. In addition, there is no documentation of Modafinil not used to counteract sedation effects of narcotics. Therefore, based on guidelines and a review of the evidence, the request for Modafinil 200mg is not medically necessary.