

Case Number:	CM14-0033927		
Date Assigned:	06/20/2014	Date of Injury:	01/04/2000
Decision Date:	04/27/2015	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 64 year old male, who sustained an industrial injury on 1/4/2000. The initial injury or complaints are not noted in the submitted medical documentation. The injured worker was diagnosed as having post laminectomy syndrome; cervical radiculitis; myospasm; lumbosacral neuritis; lumbar lumbosacral disc degeneration; degenerative joint disease right shoulder. Treatment to date has included lumbar epidural steroid injections - 50% relief and right shoulder subacromial bursal injection (1/6/14); acupuncture; chiropractic care physical therapy, TENS units; facet injections (no date); trigger point injections; status post lumbar fusion (2000); and again lumbar fusion (2006); right total knee replacement (2009); left total knee replacement (2010); right total knee revision/replacement (2011); Lumbar spine MRI (11/11/13). Currently, notes dated 1/23/14, the injured worker remarks he has had 75% relief with injections to shoulder and low back. He has had 50% relief with the 1/6/14 lumbar transforaminal epidural steroid injection. The provider is requesting the same treatment regime including Modafinil 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Treatment of narcolepsy, Modafinil.

Decision rationale: Provigil is the brand name version of modafinil. MTUS and ACOEM are silent with regards to modafinil. Other guidelines were used. UpToDate classifies Provigil as a central nervous system stimulant with FDA labeling usage to improve wakefulness in patients with excessive daytime sleepiness associated with narcolepsy and shift work sleep disorder (SWSD). Modafinil is also labeled for the adjunctive therapy for obstructive sleep apnea/hypopnea syndrome (OSAHS). There is also an off-label usage of modafinil for Attention Deficit Hyperactive Disorder (ADHD) and treatment of fatigue in multiple-sclerosis and other disorders. The medical records do not indicate or substantiate the treatment for narcolepsy, SWSD, OSAHS, ADHD, or multiple-sclerosis. The medical notes has also not indicated any conservative treatments were performed to address proper sleep hygiene and sleep-wake cycle. As such, the treatment is not medically necessary.