

Case Number:	CM15-0006718		
Date Assigned:	01/29/2015	Date of Injury:	12/05/2009
Decision Date:	03/23/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on December 5, 2009, unloading a truck. He has reported feeling immediate pain in the back. The diagnoses have included pain disorder associated with psychological factors and general medical condition, chronic low back pain, postlaminectomy syndrome of lumbar region, lumbago, low back syndrome, and muscle spasm. Treatment to date has included spinal cord stimulator, lumbar spine fusion, nerve block injections, physical therapy, TENS, and oral and topical medications. Currently, the injured worker complains of lower back pain and aches, and bilateral leg pain. The Physician's note dated December 16, 2014, noted that overall, the injured worker had seemed some progress with the medications, with need to optimize the medications for better pain control. Physical examination was noted to show paravertebral muscles with tenderness and spasm on both sides, with restricted range of motion. On December 26, 2014, Utilization Review non-certified Modafinil tab 100mg Day Supply: 30 Qty: 30 Refills: 0, noting the injured worker did not carry the diagnosis of polysomnographically-confirmed obstructive sleep apnea, or narcolepsy, citing The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 12, 2014, the injured worker submitted an application for IMR for review of Modafinil tab 100mg Day Supply: 30 Qty: 30 Refills: 0.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil tab 100mg day supply: 30 quantity: 30 refills: 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 and 8.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter has the following regarding Provigil

Decision rationale: The patient presents with chronic low back pain. The request is for MODAFINIL TAB 100MG DAY SUPPLY: 30 QUANTITY 30 REFILLS: 0. The RFA proved is dated 12/16/14. Patient's diagnosis on 12/16/14 included lumbago, low back pain, low back pain syndrome, lumbalgia, spasm muscle, and postlaminectomy syndrome of lumbar region. Per the progress report dated 12/16/14, patient has been off work since December 2009. The ACOEM and MTUS Guidelines do not discussed modafinil. However, ODG Guidelines under the Pain Chapter has the following regarding Provigil, "not recommended solely to counteract sedation effects of narcotics. Armodafinil is used to treat excessive sleepiness caused by narcolepsy or shift work sleep disorder. It is very similar to modafinil. Studies have not demonstrated any difference in efficacy and safety between Armodafinil and modafinil." Review of the reports states that Provigil is prescribed for patient's "fatigue with pain." There is no documentation of excessive sleepiness due to narcolepsy or other sleep disorder. The requested Provigil is not medically necessary. A prescription for Modafinil is first noted in progress report dated 06/1014. The progress reports do not discuss the purpose of this medication. ODG indicates this medication for excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and none of these conditions are documented in the progress reports. Therefore, the request IS NOT medically necessary.