

<b>Case Number:</b>	CM15-0102208		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	02/24/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old female who sustained an industrial injury on 02/24/0. Initial complaints and diagnoses are not available. Treatments to date include medications and epidural steroid injections. Diagnostic studies are not addressed. Current complaints include back pain. Current diagnoses include back pain and lumbar radiculopathy. In a progress note dated 03/05/15 the treating provider reports the plan of treatment as medications including ibuprofen, Lunesta, Percocet, and Tizanidine. The requested treatment is Modafinil.

### 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 (ODG), Provigil (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 (Chronic), Armodafinil (Nuvigil).

**Decision rationale:** The claimant sustained a work injury in February 2003 and continued to be treated for back and neck pain. When seen, pain was rated/10. There had been improvement after a cervical epidural injection. There was decreased lumbar spine range of motion with other than facet loading and positive Kemp's testing. There was lower lumbar spine tenderness. Medications being prescribed included Percocet. Modafinil is a vigilance-promoting drug commonly used to treat narcolepsy and idiopathic hypersomnia or shift work sleep disorder. It is similar to Nuvigil (armodafinil). It is not recommended solely to counteract the sedating effects of opioid medications. The request is not medically necessary.