

Case Number:	CM15-0164449		
Date Assigned:	09/01/2015	Date of Injury:	02/04/2008
Decision Date:	10/05/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/21/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on 2-4-2008. He reported repetitive use injury to bilateral upper extremities. Diagnoses include bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, trigger finger, status post multiple upper extremities surgeries. Treatments to date include activity modification, medication therapy, occupational and physical therapy. Currently, he complained of ongoing pain in the elbow and arm. He is status post left thumb trigger release on 7-25-15. The records documented previous use of Provigil with good results evidenced by being more alert and awake throughout the day. Current medications listed included Dilaudid, Gabapentin, Lidoderm, Docusate Sodium, Amitiza, and Ibuprofen. On 8-12-15, the physical examination documented mild erythema to left hypothenar eminence with sutures removed and good range of motion of left first digit. The plan of care included a prescription for Provigil (Modafinil) 100mg tablets #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Modafinil (Provigil) 100 mg #30 with a dos of 8/12/2015: 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) and www.bcbsmt.com.

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 (Modafinil).

Decision rationale: MTUS Guidelines do not address the use of Modafinil (Provigil). ODG Guidelines state that Modafinil is not recommended solely to counteract the effects sedation with narcotics use. It is indicated in the treatment of excessive sleepiness caused by narcolepsy or shift work disorder. In this case, there is no documentation of excessive sleepiness cause by narcolepsy, shift work, sleep disorder or obstructive sleep apnea managed by CPAP to support the medical necessity of Provigil. There is insufficient evidence submitted in the records to justify Modafinil, therefore it is not medically necessary or appropriate.