

Case Number:	CM15-0198382		
Date Assigned:	10/13/2015	Date of Injury:	03/25/2009
Decision Date:	11/25/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/08/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 57 year old male, who sustained an industrial injury on 03-25-2009. The injured worker is currently off work. Medical records indicated that the injured worker is undergoing treatment for thoracic radiculopathy, chronic pain, and neuropathy. Treatment and diagnostics to date has included lumbar and thoracic spine surgery and medications. Recent medications have included Modafinil, Lyrica, Oxycodone, Nuvigil, and Zubsolv. After review of progress notes dated 07-01-2015 and 08-26-2015, the injured worker reported lumbar and cervical spine pain rated an average 6-7 out of 10. The injured worker stated that the Modafinil has been "very helpful with sleepiness". Objective findings included use of a cane as an assistive device. The Utilization Review with a decision date of 09-16-2015 non-certified the request for Modafinil tablet 100mg #30 (30 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil tab 100mg #30 supply: 30 days: 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) Pain Chapter, undated 9/8/2015.

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.

Decision rationale: The MTUS is silent on the use of modafinil (Provigil). Per ODG TWC with regard to modafinil: "Not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Indications: Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder." The documentation submitted for review does not contain evidence of narcolepsy or shift work sleep disorder. No indication for the prescription of this medication was provided. The request is not medically necessary and cannot be affirmed.