MAXIMUS Federal Services

Case Number:	CM15-0212205		
Date Assigned:	11/02/2015	Date of Injury:	03/16/2000
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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: New York, Pennsylvania, Washington
Certification(s)/Specialty: Internal Medicine, Geriatric 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 48 year old male, who sustained an industrial injury on 3-16-00. The injured worker has complaints of leg pain, back pain, neck pain and arm pain. The injured worker rates his pain on 8-21-15 as a 6 to 7 out of 10 on the visual analog scale. The diagnoses have included major depressive affective disorder recurrent episode severe degree specified as with psychotic; posttraumatic stress disorder; chronic pain syndrome and sprain and strain cervical. Treatment to date has included norflex for muscle spasm in the neck; amitriptyline; omeprazole; naproxen; modafinil; seroquel; ice; exercise; massage and chiropractic. The injured worker has been on modafinil since at least 3-24-15. The original utilization review (10-16-15) non-certified the request for modafinil (provigil) 200mg #30 and orphenadrine citrate ER 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil (Provigil) 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, Pain, Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date: drug information modafinil.

Decision rationale: Modafinil is used in the treatment of narcolepsy and obstructive sleep apnea. This injured worker has a history of multiple chronic conditions but narcolepsy and sleep apnea are not amongst the problems listed. The medical records do not substantiate the medical necessity for modafinil.

Orphenadrine Citrate ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records.