

<b>Case Number:</b>	CM15-0047363		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	04/02/2008
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Texas, California

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:

This is a 34 year old male patient who sustained an industrial injury on 4/2/08. The diagnoses include bipolar disorder, cocaine addiction and panic disorder. He subsequently reported back and bilateral lower extremity pain. Per the note dated 12/18/2014, he was less depressed, appropriate affect. Per the note dated 10/30/14, patient was doing well. Mental examination revealed less depressed, appropriate affect. The medications list includes wellbutrin XL, cymbalta, trazodone, xanax and depakote ER. A request for Modafinil 100mg #60 x 3 refills was made by the treating physician. Diagnostic testing has included nerve conduction studies and MRIs. Treatments to date have included back surgery and prescription medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Modafinil 100mg #60 x 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/06/15) Modafinil (Provigil).

**Decision rationale:** Request: Modafinil 100mg #60 x 3 refills. Per the cited guidelines modafinil is "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. Patients should have a complete evaluation with a diagnosis made in accordance with the International Classification of Sleep Disorders or DSM diagnostic classification." Prescriptions for modafinil have rapidly increased in recent years, and most of this increase is due to off-label use, according to a JAMA study, with 89% of patients prescribed modafinil not having an on-label diagnosis. The company that markets modafinil, [REDACTED], was sued by several US states for promoting modafinil for off-label indications and agreed to a settlement in 2008. (Pealoza, 2013) A detailed clinical evaluation note documenting diagnosis of narcolepsy is not specified in the records provided. Evidence of excessive daytime sleepiness associated with obstructive sleep apnea/hypopnea is not specified in the records provided. Evidence of excessive sleepiness associated with shift-work sleep disorder is not specified in the records provided. Any objective evidence of a specific measurable functional impairment due to sleep disturbances is not specified in the records provided. The medical necessity of Modafinil 100mg #60 x 3 refills is not fully established for this patient.