

<b>Case Number:</b>	CM15-0084368		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	02/12/2007
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 a work related injury on 2/12/07. The diagnoses have included displacement of lumbar intervertebral disc with myelopathy, lumbosacral neuritis/radiculitis, lumbago, lumbar postlaminectomy syndrome and fibromyalgia. The treatments have included an intrathecal pain medication pump, oral medications, Lidoderm patches, and lumbar spine surgery. In the PR-2 dated 3/4/15, the injured worker complains of ongoing "burning pain" in his lower back and down both legs. He has shooting pain and cramping in right buttocks and posterior thigh. He also complains of cramping pain in his left foot. He states he has difficulty staying awake and performing activities of daily living without the medication Modafinil. He has restricted and painful range of motion in lower back. He has tenderness to paravertebral musculature of lumbar spine. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Modafinil (Provigil) 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Armodafinil (Nuvigil).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com, Treatment of narcolepsy, Modafinil.

**Decision rationale:** Provigil is the brand name version of modafinil. MTUS and ACOEM are silent with regards to modafinil. Other guidelines were used. UpToDate classifies Provigil as a central nervous system stimulant with FDA labeling usage to improve wakefulness in patients with excessive daytime sleepiness associated with narcolepsy and shift work sleep disorder (SWSD). Modafinil is also labeled for the adjunctive therapy for obstructive sleep apnea/hypopnea syndrome (OSAHS), and. There is also an off-label usage of modafinil for Attention Deficit Hyperactive Disorder (ADHD) and treatment of fatigue in multiple-sclerosis and other disorders. The available medical record does not indicate this medications use in the treatment for narcolepsy, SWSD, OSAHS, ADHD, or multiple-sclerosis. The medical notes also do not indicated any conservative treatments were performed to address proper sleep hygiene and sleep-wake cycle. As such, the request for Provigil 100mg x60 is deemed not medically necessary.

**Zofran (Ondansetron) 4mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, opioids Page(s): 68-69, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Antiemetics (for opioid nausea).

**Decision rationale:** Ondansteron (Zofran) is an antiemetic used to decrease nausea and vomiting. Nausea is a known side effect of chronic opioid use and some Serotonin norepinephrine reuptake inhibitors (SNRIs). ODG does not recommend use of antiemetic for "nausea and vomiting secondary to chronic opioid use." Additionally it states; "This drug is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use." There is no evidence that patient is undergoing chemotherapy/radiation treatment or immediately postoperative. As such the request for Zofran 4MG, x60 is deemed not medically necessary.