

Case Number:	CM14-0114864		
Date Assigned:	08/06/2014	Date of Injury:	06/30/1996
Decision Date:	10/14/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 year-old female who reported a work related injury on 06/30/1996 due to a slip and fall. The diagnosis consisted of lumbago, spinal stenosis of the lumbar region, degenerative disc disease, insomnia, anxiety, and depression. Her past treatment included meditation, rest, spinal cord stimulator, medication, walking, ice and physical exercise. An MRI dated 02/12/2009 revealed a disc bulge posteriorly at L1-2 and L2-3, a disc bulge posteriorly to the right of the midline with an associated annular disc tear, posterior subluxation of L4 upon L5 and a minimal spondylolisthesis at L5-S1, with no central canal stenosis. The injured worker's surgical history was not provided for review. Upon examination on 06/12/2014 the injured worker complained of numbness in her left leg, and pain in the low back, buttocks, hips, and knees. The injured worker rated her pain with medications as a 5/10 as the least amount, 6/10 as an average, and an 8/10 at the worst. The pain was noted to made better by sleep, meditation, rest, spinal cord stimulator, medication, walking, ice and physical exercise. The injured worker believed her pain was partially caused by stopping Arthrotec. She also stated her other medications worked well without any intolerable side effect. It was noted that the injured worker's back was tender to palpation with reproducible radicular pain that radiated from the right lower back to the right foot. The injured worker was noted to take 30-60 minutes to fall asleep and wakens on the average 2 times per night. The patient was in and out of bed daily and rest or recline 50 to 75 percent of the day. The injured worker's prescribed medications include Arthrotec, Morphine sulfate, Norco, Soma, Lorazepam, Provigil, Meloxicam, Lidoderm, and Lactulose. The treatment plan consisted continuing to evaluate the injured worker's medication regime for chronic pain, and encouraged a gradual progressive daily stretching regime, to increase overall activity as tolerated to help minimize chronic pain. The request was for Provigil;

however, the rationale for the request was not provided for review. The request for authorization form was submitted for review on 07/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Provigil (Modafinil) 200 Mg Tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 request for Provigil (Modafinil) 200 Mg Tablet is not medically necessary. The Official Disability Guidelines state Modafinil is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. 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. This drug has been known to be misused and/or abused, particularly by patients that have a history of drug or stimulant abuse. Common adverse effects include headache, nausea, nervousness, rhinitis, diarrhea, back pain, anxiety, insomnia, dizziness, and dyspepsia. There is need for heightened awareness for potential abuse of and dependence on modafinil. In regards to the injured worker, the documentation did note that the injured worker takes 30-60 minutes to fall asleep and awakens on the average 2 times per night. However, the injured worker is prescribed Morphine sulfate and Norco and the documentation does not show that a reduction of these medications has been attempted. Therefore, the request is not supported by the guidelines. Additionally, the request, as submitted, failed to indicate a quantity and frequency of use. As such, the request for Provigil is not medically necessary.