

Case Number:	CM14-0091691		
Date Assigned:	07/25/2014	Date of Injury:	03/26/1999
Decision Date:	05/28/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/17/2014

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. 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: North Carolina

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:

The injured worker is a 49 year old male, who sustained an industrial injury on 3/26/99. He reported low back pain. The injured worker was diagnosed as having chronic low back pain with degenerative lumbar spondylosis, chronic neck pain with degenerative cervical spondylosis and pain disorder with psychological/general medical condition. Treatment to date has included oral medications including OxyContin, Adderall, ibuprofen, Ambien and topical medications including Thermacare, physical therapy and activity restrictions. Currently, the injured worker complains of chronic low back pain. The treatment plan included continuation of analgesic medications, request for authorization of H.E.L.P. program and Provigil 200mg per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Modafinil 100mg tablets daily supply #30, quantity 60 with five refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, modafinil.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested medication. Per the physician desk reference, the medication has the FDA indication in the treatment of narcolepsy, excessive daytime somnolence disorder and shift work sleep disorder. It is not indicated as a primary treatment for opioid sedation. Therefore, the request is not certified.