

Case Number:	CM14-0095821		
Date Assigned:	07/25/2014	Date of Injury:	09/29/1999
Decision Date:	04/23/2015	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 65 year old female, who sustained an industrial injury on 9/29/1999. The diagnoses have included spinal/lumbar degenerative disc disease, knee pain and back pain. Treatment to date has included surgical intervention and medication. The injured worker underwent left knee patellar reattachment surgery on 3/25/2014. According to the progress report dated 5/28/2014, the injured worker complained of back pain radiating from the low back down both legs and left knee pain. Quality of sleep was poor. Lumbar spine exam revealed restricted range of motion and tenderness of the paravertebral muscles. Lumbar facet loading was positive on both sides. Left hip exam revealed tenderness over the sacroiliac (SI) joint. Exam of the right knee revealed mild effusion and tenderness to palpation over the medial joint line. The left leg was in a cast. It was noted that the injured worker was attempting to taper her medications. Prescriptions were given for Norco, Nuvigil, Carisoprodol and Kadian ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg #60: 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 Chapter.

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

Decision rationale: According to the ODG, 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, modafinil 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. According to the documents available for review, the medication is currently being used to counteract the effects of sedation from narcotics. There is no evidence that tapering has been attempted, there is only evidence that a potential taper discussion has taken place. The opioid dose should be tapered first and sedation level reassessed before initiating modafinil. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.