

<b>Case Number:</b>	CM15-0119323		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	03/07/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2015

### 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: Arizona, Michigan

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

### 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 45 year old female, who sustained an industrial injury on 3/7/2009. The mechanism of injury is unclear. The injured worker was diagnosed as having chronic low back pain, lumbar degenerative disc disease, status post L5-S1 complete discectomy with partial vertebrectomy and disc replacement, right sciatica, pain related depression, and pain related insomnia, relevant history of recent significant weight gain and hypertension. Treatment to date has included medications, x-rays, magnetic resonance imaging of the lumbar spine (10/20/2014), lumbar epidural injection, psychotherapy, physical therapy, and work restrictions. The request is for the prospective usage of Modafinil 100 mg, #30. On 1/21/2015, she was seen for a re-evaluation. Her last evaluation noted as 12/23/2014. She reported having an average of 8 hours of sleep a night with the use of Amitriptyline, and without it would tend to average 5-6 hours of sleep at night and wake more frequently. She is noted to have experienced headaches with the use of Dilaudid. The provider referred to a QME report dated 12/20/2013, which reportedly indicated the injured worker had been prescribed Provigil by her primary treating physician, and a recommendation for consideration of the use of Ambien CR or Lunesta be given for sleep disturbances as she had responded well to Temazepam. The QME report is available for this review. She is reported to experience fatigue with her pain and psychotropic medications. The provider noted the Provigil to be necessary to alleviate the patient's narcotic related sedation and to reduce her subsequent fatigue during the day so that she is more functional with activities of daily living. She is noted to have signed a pain contract and is not exhibiting any aberrant behaviors regarding her medications. On 5/19/2015, she is noted to be struggling with her

sedation without the use of Provigil. She was changed from Oxycodone to Percocet as the provider stated the Oxycodone was not being authorized. She continued to complain of low back pain with radicular symptoms to the right lower extremity. She is found to have tenderness of the low back region. The treatment plan included: Provigil.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Modafinil 100mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult Mosby, Inc.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Stimulants (adjunctive pain medication) and Other Medical Treatment Guidelines Drugs.com - Provigil (Modafinil).

**Decision rationale:** Per Drugs.com, Modafinil (Provigil) is a wakefulness-promoting agent that is used for the treatment of uncontrollable sleepiness caused by narcolepsy or sleep apnea. It can also be used in people who are sleep deprived from working odd hours such as a night shift. The MTUS guidelines are silent regarding Modafinil (Provigil). The ODG guidelines state that prescribers using Provigil for sedation effects caused by opiates should consider reduction of the dosage of the opiate before adding stimulants. Physical examination revealed tenderness over the lumbar region and a negative seated straight leg raise test bilaterally. The treatment plan included: continuation of her current medication regimen of: Oxycodone, Voltaren, Wellbutrin, Phenergan, Buspar, Amitriptyline, Lactulose, and Provigil. In this case, there is no documentation to support she suffered from sleepiness caused by narcolepsy or sleep apnea. There is also no documentation that she works odd hours such as in a night shift. The provider documented that "Provigil was necessary to alleviate the patient's narcotic related sedation and to reduce her subsequent fatigue during the day". Based on these considerations the request for Modafinil 100 mg #30 is not medically necessary.