

Case Number:	CM15-0178367		
Date Assigned:	09/25/2015	Date of Injury:	05/11/2002
Decision Date:	11/09/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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 male, who sustained an industrial injury on 5-11-2002. Medical records indicate the worker is undergoing treatment for cervical and lumbar disc disorder with myelopathy. A recent progress report dated 8-11-2015, reported the injured worker complained of low back pain well controlled with Norco. Pain was rated 4-6 with medications and 8-9 without medications. Physical examination revealed "limited lumbar range of motion" and a slow mildly antalgic gait. Treatment to date has included physical therapy and medication management. The physician is requesting Nuvigil 250mg #30. On 9-1-2015, the Utilization Review noncertified the request for Nuvigil 250mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuvigil 250mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain - Modafinil (Provigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain, Chronic, 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. Therefore at this time the requirements for treatment have not been met and is not medically necessary and has not been established.