

Case Number:	CM15-0093593		
Date Assigned:	05/19/2015	Date of Injury:	02/12/2007
Decision Date:	06/26/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/14/2015

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: California
Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 2/12/07. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, disorder of trunk, low back pain, myalgia and myositis, neuralgia, neuritis and radiculitis and lumbar post laminectomy syndrome. Treatment to date has included implanted intrathecal opiate pump, oral medications including Modafinil, lumbar laminectomy, physical therapy, home exercise program and activity restrictions. Currently, the injured worker complains of burning pain in low back and down both legs wit shooting pain and cramping in the right buttocks and posterior thigh. The Modafinil was originally prescribed due to other medications causing daytime somnolence. Physical exam noted antalgic gait, decreased range of motion of lumbar spine and tenderness of paravertebral muscles of lumbar spine. The treatment plan included refilling of Hydrocodone and Modafinil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Modafinil (Provigil) 200mg #30 (with date of service of 4/14/2015): 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,

Amodafinil (Nuvigil) & (<https://www.bcbsmt.com/medicalpolicies/Policies/ModafinilProvigilNuvigila.aspx>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Modafinil (Provigil).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Modafinil (Provigil). Official Disability Guidelines (ODG) Pain (Chronic) indicates that Modafinil (Provigil) is not recommended solely to counteract sedation effects of narcotics until after first considering reducing excessive narcotic prescribing. Use with caution as indicated below. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea, and shift work sleep disorder. The psychological report dated 11/1/14 documented the diagnoses of depressive disorder and insomnia. The progress report dated 1/8/15 documented the diagnoses of neuropathic pain syndrome with chronic low back pain and bilateral lower extremity radiculitis and sensory radiculopathy, lumbar facet arthropathy, status post implantation of intrathecal opiate pump, status post multilevel lumbar disc surgeries at L5-S1 up to L3-4, and trochanteric bursitis. The date of injury was 2/12/07. The progress report dated 3/18/15 documented the diagnoses of hypertension, gastritis, chronic pain, and constipation. No narcolepsy or obstructive sleep apnea was documented. No FDA indications for Modafinil (Provigil) were documented. Provigil is indicated to improve wakefulness in adult patients with narcolepsy or obstructive sleep apnea. The request for Modafinil (Provigil) is not supported by the medical records or ODG guidelines. Therefore, the request for Modafinil (Provigil) is not medically necessary.