

Case Number:	CM13-0002111		
Date Assigned:	12/27/2013	Date of Injury:	06/22/2009
Decision Date:	02/13/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	07/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old female nurse who was injured June 22, 2009. The patient has been treated with hydergine, Adderall, and bupropion. [REDACTED], a psychiatrist prescribed all three meds. The patient suffered an industrial injury. Carbon Monoxide poisoning is suspected. The patient complains of dizziness and chronic fatigue. The patient has complained of symptoms of depression. She is very emotionally distraught by the toxic exposure. The patient has been diagnosed with a cognitive disorder. The records sent do not contain reference to ADHD as a diagnosis for this patient. At issue individually is medical necessity for: Piracetam 800mg TID (OTC), Adderall XR, Vinpocetine, and hydergine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall XR (generic) 20mg 1 tab q am (30): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA label prescribing information for Adderall XR, http://pi.shirecontent.com/PI/PDFs/AdderallXR_USA_ENG.PDF. This info can also be accessed by going to AdderallXR.com.

Decision rationale: The CA MTUS, ODG and the ACOEM are all silent on Adderall. ■■■■■, the consulting neurologist, felt that the patient should be weaned off the Adderall. Both the Agreed Medical Examiner and ■■■■■ agreed that "there was no role for Adderall in this setting" There is no discussion nor documentation of ADHD in the records provided to this reviewer. The prescriber told a UR doctor that he thought it helped the patient's cognition. According to the FDA label insert for Adderall it is indicated only for ADHD. Given the sum total of all of the above, Adderall is not medically necessary.

Hydergine 1mg I tab bid (60): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: A number of medications marketed for other indications have been proposed for the treatment of dementia on the basis of epidemiological data or pilot studies (185-189), but they are not recommended for routine use at this time because of lack of efficacy in subsequent studies (190-200) and potential for adverse effects. These other agents include aspirin and other NSAIDs, hormone replacement therapy, the hormone melatonin, the botanical agent ginkgo biloba, the chelating agent desferrioxamine, the irreversible monoamine oxidase B (MAO-B) selective inhibitor selegiline, and a mixture of ergoloid mesylates currently marketed under the trade name Hydergine. Because some of these agents are popular, psychiatrists should routinely inquire about their use and should advise patients and their families that some of these agents are marketed with limited quality control and have not been subjected to adequate efficacy evaluations. Per guideline hydergine is not medically necessary.

Piracetam 800mg TID (OTC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The CAMTUS and ODG are silent on piracetam. The way the request is worded, there is no limit. There does not seem to be FDA approval. This does not meet criteria for medical necessity.

Vinpocetine (OTC): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and the FDA.

Decision rationale: The CA MTUS and ODG and the APA Treatment guidelines are silent on Vinpocetine. There is no limit to the use of Vinpocetine the way it is worded. Vinpocetine has not been evaluated by the FDA. Vinpocetine is not medically necessary.