

Case Number:	CM13-0003041		
Date Assigned:	12/11/2013	Date of Injury:	03/27/1994
Decision Date:	01/17/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/24/2013

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 physical medicine and rehabilitation 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.

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 patient is a 61-year-old female who reported an injury on 03/27/1994. The mechanism of injury was not provided but it resulted in injuries to her low back, right knee, and psyche. Information was not provided regarding her initial course of treatment. The patient's current diagnoses include major depression, single episode, and post-traumatic stress disorder. She is currently determined to be permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Adderall XR, 30mg, 240 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Treatment Plans and Interventions for Depression and Anxiety Disorders, Guilford Press.

Decision rationale: The Physician Reviewer's decision rationale: The CA MTUS/ACOEM Guidelines and the Official Disability Guidelines did not address the use of Adderall, therefore a recent journal article was supplemented. Adderall is primarily used to treat adult attention deficit hyperactivity disorder which is not one of the patient's diagnoses. There are, however, clinical trials studying the effectiveness of this medication in treating major depression, for which, the patient does have a diagnosis. These trials are still considered investigative and as such, the use

of Adderall for treating depression is not currently approved. The request for Adderall XR, 30mg, 240 count, is not medically necessary or appropriate.

Valium, 10mg, 270 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section, page 24.

Decision rationale:

Tramadol, 50mg (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-95.

Decision rationale: The Physician Reviewer's decision rationale: The most recent clinical note dated 11/21/2013 reported that the patient is not taking the Tramadol due to the conflicting use of Zoloft. Zoloft is an SSRI (selective serotonin reuptake inhibitor) and the seizure risk in patients also taking Tramadol increases. As such, the need for Tramadol is not indicated. Also, the patient's response to this medication was not provided to support continuation. The request for Tramadol, 50mg (quantity unspecified), is not medically necessary or appropriate.