

Case Number:	CM13-0030002		
Date Assigned:	03/03/2014	Date of Injury:	07/20/2001
Decision Date:	06/30/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California and Illinois. 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/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:

The injured worker is a 44-year-old female who reported an injury on 07/20/2001 secondary to boxes falling on her. Her diagnoses include adjustment disorder with mixed anxiety and depression. According to the medical records submitted for review, the injured worker has been treated previously with psychotherapy, biofeedback, and medications. Her medications were noted to include Klonopin, Topamax, Vyvanse, and Xanax. It was noted that the injured worker used these medications since at least 05/01/2013. According to a supplemental report dated 10/09/2013, the injured worker reported benefitting from her use of psychotropic medications. It was also noted that Vyvanse was prescribed to treat some of the injured worker's symptoms to include poor focus and concentration, and to assist in treating her depression. It was noted that Xanax was prescribed to reduce anxiety and tension and to prevent panic attacks. It was also noted that Topamax was prescribed to treat the injured worker's migraine headaches. The injured worker was evaluated on 08/19/2013 and reported sleeping an average of 7 hours a night with the use of Klonopin. She was noted to have persistent depression and tearfulness. The injured worker was recommended for continued medications and monthly psychiatrist visits for psychotropic medication management. The Request for Authorization was submitted on 09/04/2013 for monthly psychotropic medication management and medication approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPAMAX 200MG AT BEDTIME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OTHER ANTIEPILEPTIC DRUGS, 21

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The California MTUS Guidelines recommend continuation of an anti-epilepsy drug only if there is documentation of a 30% or greater reduction in pain reported by the injured worker. Guidelines also state that, after initiation of treatment with anticonvulsants, there should be documentation of pain relief and improvement in function, as well as documentation of side effects incurred with use. The documentation submitted for review indicated that Topamax was prescribed for headaches. The most recent evaluation fails to document subjective reports of headaches or pain. The medical records submitted for review indicate that the injured worker had used Topamax since at least 05/01/2013. There is a lack of recent documented evidence to indicate quantifiable pain relief or functional improvement with the injured worker's use of Topamax. Furthermore, the request as written does not include a quantity. Therefore, it cannot be determined that the request allows for timely re-assessment of medication efficacy. As such, the request for Topamax 200mg at bedtime is not medically necessary.

VYVANSE 50MG IN THE MORNING: 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 Other Medical Treatment Guideline or Medical Evidence: Coghill, D. R., Caballero, B., Sorooshian, S., & Civil, R. (2014). A Systematic Review of the Safety of Lisdexamfetamine Dimesylate. CNS drugs, 1-15. Goodman, D. W. (2010). Lisdexamfetamine dimesylate (vyvanse), a prodrug stimulant for attention-deficit/hyperactivity disorder. Pharmacy and Therapeutics, 35(5), 273.

Decision rationale: The medical records submitted for review indicated that Vyvanse has been prescribed to improve the injured worker's focus and concentration and to assist in treating her depression. Current scientific research indicates that Vyvanse may be useful in the treatment of attention deficit hyperactivity disorder. There is no evidence to indicate the use of Vyvanse for the treatment of depressive symptoms. Although the injured worker was noted to have trouble with concentration and memory, the medical records submitted for review failed to provide significant objective evidence of attention deficit hyperactivity disorder or to indicate that the injured worker has received a diagnosis of attention deficit hyperactivity disorder. Additionally, the medical records indicate that the injured worker has used Vyvanse since at least 05/01/2013. There is a lack of recent documented evidence to indicate objective functional improvement with the injured worker's use of Vyvanse. Therefore, it cannot be determined that the injured worker would benefit from continued use of Vyvanse. Furthermore, the request as written does not include a quantity. Therefore, it cannot be concluded that the request as written allows for timely

re-assessment of medication efficacy. As such, the request for Vyvanse 50mg in the Morning is not medically necessary.

XANAX .25MG ONCE A DAY AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24, 68-69

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines such as Xanax as long term efficacy is unproven and there is a risk of dependence. These guidelines limit use to 4 weeks. The medical records submitted for review stated that Xanax was prescribed to reduce anxiety and tension and to prevent panic attacks. The medical records also noted that the injured worker has used Xanax since at least 05/01/2013. According to the most recent evaluation, the injured worker is noted to have persistent depression and tearfulness. There is a lack of recent documented evidence to indicate that the injured worker has achieved significant functional improvement regarding her anxiety symptoms with the use of Xanax. Therefore, it cannot be determined that the injured worker would benefit from continued use of Xanax. As the injured worker was noted to have taken Xanax for several months, additional use of Xanax is excessive, according to the evidence based guidelines for treatment duration with benzodiazepines. Furthermore, the request as written does not include a quantity, and it cannot be concluded that the request as written allows for timely re-assessment of medication efficacy. The request for XANAX .25mg once a day as needed is not medically necessary.