

Case Number:	CM13-0051828		
Date Assigned:	12/27/2013	Date of Injury:	10/18/2010
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/14/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 55-year-old male with date of injury of 10/18/2010. Listed diagnoses per [REDACTED] report dated 10/22/2013 are Myofascial neck pain, discogenic low back pain, and traumatic head injury. The presenting symptoms are continued low back pain, headaches controlled at 3/10 to 4/10 without Butrans and 6/10 with no function. The requests for authorization are Vyvanse and BuTrans. Report from 08/20/2013 has the patient on stable mood, exercising almost on daily basis to assist his mood, continues to have memory problems, and forgets ingredients when cooking. He is tapering Vyvanse and seems more awake on every other day dosage. He would like to start driving. A 07/24/2013 report indicates the patient has stable mood, continues tramadol use for pain control, and continues to complete ADLs with pacing. No side effects from medications and no abusive behaviors were noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vyvanse for head injury: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/vyvanse.html>

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

Decision rationale: The MTUS, ACOEM, and Official Disability Guidelines do not discuss Vyvanse. However, when looking at the AETNA Guidelines, it lists Vyvanse as a preferred medication for attention deficit hyperactivity disorder among adults. According to the medical records provided for review, this patient who suffers from concentration difficulties due to traumatic brain injury. It would appear from review of the reports that the patient is not taking it on daily basis but on a sporadic basis. There have not been any issues of abuse with this medication. The request is medically necessary and appropriate.

Butrans for head injury: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: A review of the multiple reports from 08/20/2013, 10/22/2013, and 07/24/2013 show that this patient suffers from traumatic brain injury and suffers from chronic neck and low back pain. The 10/22/2013 report in particular has the patient's pain level going from 06/10 to 7/10 down to 3/10 to 4/10 with use of BuTrans. The patient appears to be independent with activities of daily living and exercising daily as functional measures. MTUS Chronic Pain Guidelines do not directly discuss BuTrans, but the Official Disability Guidelines recommend this medication as an option for treatment of chronic pain, particularly for those with centrally mediated pain. Given this patient's traumatic brain injury, centrally mediated pain is a consideration. MTUS Chronic Pain Guidelines also allow for use of opiates for chronic moderately severe pain as long as adequate documentations of pain assessment and function are provided. In this case, the patient's pain is improved and the patient is able to stay more functional with the use of medication. The request is medically necessary and appropriate.