

Case Number:	CM13-0059138		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2013
Decision Date:	04/30/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	12/02/2013

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 Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 53 year-old with a date of injury of 03/01/13. A progress report associated with the request for services, dated 10/15/13, as well as later visits identified subjective complaints of anxiety and tearfulness. Diagnoses included major depression and attention deficit disorder. The treatment has included Adderal, antidepressants, and benzodiazepines. A utilization review determination was rendered on 11/07/13 recommending non-certification of "Xanax 0.5mg and Adderall 30mg, 1 twice a day".

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg: 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 BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Alprazolam (Xanax)

Decision rationale: Alprazolam (Xanax) is a benzodiazepine anxiolytic. The Medical Treatment Utilization Schedule (MTUS) states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines

limit use to 4 weeks. They further note that that they are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The Official Disability Guidelines (ODG) specifically states that Xanax is not recommended for long-term use. In this case, there is documentation of longer-term use. Therefore, the record lacks documentation for the medical necessity of Alprazolam (Xanax).

Adderall 30mg, 1 twice a day: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference, 67th ed. Montvale, NJ: PDR Network

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UPTODATE: ADDERALL; ADULT ATTENTION DEFICIT HYPERACTIVITY DISORDER

Decision rationale: Adderall is a mixture of amphetamine and dextromethorphan used for the treatment of attention deficit hyperactivity disorder (ADHD). Neither the Medical Treatment Utilization Schedule (MTUS) nor the Official Disability Guidelines address the use of Adderall. It is used commonly for ADHD. UpToDate states: "For the patient with no contraindications, long-term stimulant use is a reasonable choice for pharmacologic therapy." The non-certification was based upon lack of documentation of ADHD. However, the patient's diagnosis includes ADHD. Though are no requirements for the extent of documentation of the disorder. Therefore, in this case, the record documents the medical necessity for Adderall.