

<b>Case Number:</b>	CM13-0059205		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, Pulmonary 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 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's medication history included Adderall and Xanax as of 2012. The diagnoses included major depression and ADD. The documentation of 10/15/2013 indicated the injured worker felt better and the depression came and went. The recommended treatment plan included to add Abilify, continue Wellbutrin, and refill Lexapro, Trazodone, Adderall, and Xanax.

### 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 rationale:** California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependence. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2012. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. There was a lack of documentation of the efficacy of the requested medication. The request as

submitted failed to indicate the frequency and the quantity. Given the above, the request for Xanax 0.5mg is not medically necessary.

**Adderall 30mg BID:** 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 <http://www.drugs.com/adderall.html>

**Decision rationale:** Per drugs.com, Adderall is used to treat narcolepsy and attention deficit hyperactivity disorder. The clinical documentation submitted for review failed to provide a documented rationale for the use of Adderall. There was a lack of documentation of the efficacy of the requested medication. The injured worker was utilizing the medication for greater than 1 year. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for Adderall 30mg BID is not medically necessary.