

Case Number:	CM13-0061865		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2010
Decision Date:	03/27/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/05/2013

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 Psychiatry and Neurology 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:

Female with date of injury 9/16/2010. Date of UR decision was 11/11/2013. Diagnosed with lumbosacral sciatic syndrome and right ankle sprain after she fell at work. Also suffered from harassment at work per the documentation reviewed. Per Psychiatrist note from 11/4/2013, the injured worker was declared to be "temporarily totally disabled from occupational functioning, secondary to the emotional stress at her place of employment". The psychological diagnoses were PTSD chronic, Major Depressive Disorder, recurrent, slight and Insomnia. The medication list includes Nuvigil 250 mg/day, Clonazepam 1 mg qid, Ambien 20 mg qhs, Abilify 5 mg qday, Bupropion xl 300 md/day, Lexapro 30 mg/day, Intuniv 3 mg/day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intuniv Tab 3mg Day Supply: 30 Qty: 30 Refills 3: 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 FDA/US Food and Drug Administration- Intuniv.

Decision rationale: The Physician Reviewer's decision rationale: FDA states "INTUNIVÂ® is a central alpha2A-adrenergic receptor agonist indicated for the treatment of Attention Deficit

Hyperactivity Disorder (ADHD) as monotherapy and as adjunctive therapy to stimulant medications" The injured worker does not have a diagnosis for ADHD per the documentation reviewed. Injured worker has been diagnosed with PTSD chronic, Major Depressive Disorder, recurrent, slight and Insomnia. Intuniv seems to be prescribed "off label" by the prescribing provider. The medical necessity cannot be affirmed based on this information.