

Case Number:	CM14-0013215		
Date Assigned:	02/24/2014	Date of Injury:	03/27/1994
Decision Date:	07/17/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/03/2014

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 Occupational Medicine 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 patient is a 61-year-old female who has submitted a claim for sacrum disorder, lumbar facet syndrome, bilateral, and derangement of the medial meniscus, right, associated with an industrial injury date of March 27, 1994. Medical records from 2013 through 2014 were reviewed. The progress report, dated 11/21/2013, showed lumbar pain radiating to the buttocks bilaterally and superiorly to the thoracic spine. It was characterized as aching, stabbing and throbbing. The patient also complained of right knee pain, characterized as aching, stabbing and throbbing which gave out occasionally. Physical examination revealed tenderness in the pelvic brim and junction with associated spasms in the paravertebral muscles bilaterally. Extension and rotation to either side caused ipsilateral junctional discomfort. The range of motion of the lumbar spine was restricted. The right knee has mild retropatellar crepitation on active flexion and extension. Tenderness was noted over the anteromedial and anterolateral joint line. Compression testing was positive. The patient was also diagnosed with Chronic Major Depression and Chronic Post-traumatic Stress Disorder. The treatment to date has included medications which includes Adderall XR and Diazepam since August 2013. The utilization review from 01/30/2014 denied the request for the purchase of Adderall XR 30mg #150 because it was used to treat ADD which was not listed as one of the diagnosis. The medical record indicated that it was being used in this case to augment the anti-depressant. However, there was no information in the medical record about trials of other anti-depressant enhancers and why using this addicting medication at such high doses for this purpose was medically necessary. The request for the purchase of Diazepam 10mg with 2 refills #90 was denied because it was not appropriate for long-term management of anxiety due to development of tolerance, dependence, withdrawal, and rebound.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDERALL-XR, 30 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS EBM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS FDA, Adderall XR.

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and the FDA was used instead. According to FDA, Adderall XR is approved in the United States for the treatment of adults and pediatric patients 6 years of age and older with Attention Deficit Hyperactivity Disorder. In addition, Adderall XR contained amphetamine salts which have a high potential for abuse. Administration of amphetamines for prolonged periods of time may lead to drug dependence and must be avoided. In this case, the rationale for requesting Adderall XR is for anti-depressant augmentation and was prescribed as early as August 2013. The medication was not indicated for use as augmentation for anti-depressant and long-term use was not indicated. Moreover, the quantity to be dispensed was not specified. The medical necessity was not established. Therefore, the request for Adderall XR 30mg is not medically necessary.

DIAZEPAM 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

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

Decision rationale: As stated on page 24 of California MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because of unproven long-term efficacy and risk of dependence; use is limited to 4 weeks. In this case, the patient has been using Diazepam, a benzodiazepine since August 2013. However long-term use is not recommended and there is no discussion concerning the need for variance from the guidelines. Moreover, the quantity to be dispensed was not specified. Therefore, the request for Diazepam 10mg is not medically necessary.