

Case Number:	CM14-0153173		
Date Assigned:	09/23/2014	Date of Injury:	03/01/1994
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for major depressive disorder, generalized anxiety disorder, chronic pain syndrome, sleep disturbance, and attention deficit hyperactivity disorder reportedly associated with an industrial injury of March 1, 1994. Thus far, the applicant has been treated with the following: Various psychotropic medications; anxiolytic medications; and antidepressant medications. In a utilization review report dated September 5, 2014, the claims administrator denied a request for Cymbalta, Adderall, and Nuvigil. Cymbalta was denied on the grounds that the applicant had reportedly failed to improve on the same. Adderall was also denied on the grounds that the applicant had failed to benefit from the same. Nuvigil was apparently denied on the grounds that the claims administrator contented that Nuvigil was an 'N' drug on the ODG formulary, despite the fact that California has not adapted the same. The utilization review report was some 13 pages long and quite difficult to follow. In a June 26, 2014, progress note, the applicant reported persistent complaints of low back pain status post earlier lumbar fusion surgery some three months prior. Additional cognitive behavioral therapy was sought. The applicant was reportedly appropriate, alert, and oriented. It was stated that the applicant's speech was pressured while other sections of the note stated that the applicant was engaging. The applicant did ruminate about multiple issues. Cymbalta, Adderall, Restoril, Nuvigil, BuSpar, and Inderal were endorsed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an August 8, 2014, progress note, the applicant reported persistent complaints of pain, sleep disturbance, and tremors. The applicant was given diagnoses of major depressive disorder, chronic pain syndrome, generalized anxiety disorder, and sleep disorder. Cymbalta, Adderall, Restoril, Nuvigil, BuSpar, and Inderal were again endorsed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cymbalta 30mg #90, three tabs daily with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Mental Illness and Stress Procedure Summary (last updated 6/12/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that it often takes "weeks" for antidepressants to exert their maximal effect, in this case, however, the applicant had seemingly been using Cymbalta for a span of several months. There has been no explicit discussion of medication efficacy. The applicant does not have appeared to returned to work, although it is acknowledged that this may be a function of the applicant's medical issues as opposed to her mental health issues. The attending provider continues to report ongoing issues with anxiety, sleep disturbance, obsessive-compulsive behavior, and anxiety. The attending provider has failed to outline how (or if) ongoing usage of Cymbalta has proven beneficial here. Therefore, the request is not medically necessary.

Adderall 10mg #90, 1 tab three times daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Pain Procedure Summary (last updated 7/10/14), and www.drugs.com/adderall.html (last updated 1/7/13)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Adderall Medication Guide.

Decision rationale: While the Food and Drug Administration (FDA) does acknowledge that Adderall is indicated in the treatment of attention deficit hyperactivity disorder, one of the diagnoses reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not outlined how (or if) ongoing usage of Adderall has proven beneficial here. The applicant has seemingly failed to return to work. The applicant is consistently described as exhibiting pressured speech, an anxious demeanor, and obsessive-compulsive tendencies on several office visits, referenced above. All of the above, taken together, suggest that ongoing usage of Adderall has not proven altogether beneficial here. Therefore, the request is not medically necessary.

Nuvigil 250mg #30, 1 tab in the morning, with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -- TWC Pain Procedure Summary (last updated 7/10/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Nuvigil Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Nuvigil usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Nuvigil is indicated to improve wakefulness in applicants with excessive sleepiness associated with obstructive sleep apnea, narcolepsy, and/or shift work disorder. In this case, the applicant does not appear to be working, making a shift work disorder unlikely. The attending provider did not explicitly state or suggest that the applicant carried a diagnosis of either narcolepsy or obstructive sleep apnea. No rationale for selection and/or ongoing usage of Nuvigil was furnished, suggesting that it was, in fact, being employed for non-FDA labeled purposes. No applicant-specific rationale or medical evidence was furnished so as to support such usage. Therefore, the request is not medically necessary.