

Case Number:	CM14-0153652		
Date Assigned:	09/23/2014	Date of Injury:	09/10/1996
Decision Date:	10/30/2014	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 Internal Medicine, and is licensed to practice in California & Illinois. 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 52 year old female who was injured on 09/10/1996. The mechanism of injury is unknown. Past medications as of 07/08/2014 included Vyvanse 50 m mg, levothyroxine, trazodone, and seroquel (No VAS documented). Toxicology report dated 02/04/2014 detected Oxycodone and amphetamine (Vyvanse). Progress report dated 08/28/2014 documented the patient to have complaints of chronic pain rated as 7/10 with medications and 10/10 without medications. She reported a lot of sweating and loss of sleep. On exam, she had tenderness all over. The patient is diagnosed with intractable severe chronic pain syndrome. She has been recommended for Vyvanse. Prior utilization review dated 08/08/2014 states the request for 1 of 4 Vyvanse 50mg #60 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 of 4 Vyvanse 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse University of Michigan Health System Attention-Deficit Hyperactivity disorder Ann Arbor (MI) University of Michigan Health System; 2013 April 41p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.vyvanse.com/>

Decision rationale: Vyvanse is an amphetamine pharmaceutical medication used in the treatment of ADHD. It is generally not recommended for treatment of chronic pain. The documents provided did not clearly identify the patient as suffering from ADHD. From the documents provided it is unclear what the specific indication is for Vyvanse. The documents did not clearly discuss the patient's response to therapy with Vyvanse and what benefits the patient is obtaining. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.