

<b>Case Number:</b>	CM14-0024587		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	07/30/2009
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California and Washington. 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 is a 63-year-old female who reported an injury on 07/30/2009, while moving a refrigerator. The injured worker had a history of depression, pain issues, and inability to handle stressful situations, slow improvement in mood, and an increase in her ability to manage daily routines and deal with people who cause her stress, left hip and lower back pain. The injured worker had a diagnoses of major depressive disorder and attention deficit hyperactivity disorder, spondylosis. The injured worker had an MRI of the lumbar spine on 06/09/2010 that showed mild degenerative discopathic lumbar spondylosis with mild to moderate diffuse facet arthropathy at the L3-4. The injured worker also had an MRI of the left hip on 11/23/2010 that revealed small degenerative acetabular subchondral cyst. The past treatments included physical therapy, medications, acupuncture, physical therapy, injections, and chiropractic therapy. The clinical notes dated 03/18/2014 revealed that the injured worker was doing better with her depression, on exam her behavior was cooperative with good eye contact and normal psychomotor activity, intact memory, intact attention and fund of knowledge was excellent. Also noted with normal gait, muscle strength and normal muscle tone. The injured worker's medications included Adderall 10 mg, Budeprion XL 150 mg, diazepam 5 mg, and propranolol 10 mg. The treatment includes the medications of Budeprion XL, diazepam 5 mg, propranolol 10 mg, and Adderall 10 mg. The authorization form dated 05/16/2014 for the medications was submitted within the documentation. No rationale given for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ADDERALL 10MG DAILY: 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 Other Medical Treatment Guideline or Medical Evidence: Rx List.

**Decision rationale:** The request for Adderall 10 mg daily is not medically necessary. The Rx List indicates the use of Adderall is for behavioral conditions characterized by distractibility, impulsivity, and/or hyperactivity. Although there is no single cause for ADHD, there are a number of biological and social factors that seem to increase the risk of a person developing a disorder. There are 3 kinds of ADHS, predominately inattentive type, predominantly hyperactive/impulsive type, and the combined inattentive, interactive, impulsive type. In assessing a person with ADHS, a health professional will conduct a medical interview and physical examination. Lab tests are performed, and the patient is screened for ADHD, as well as other mental health symptoms. Psychological treatments for ADHD in adults include education about the illness, participation in an ADHD support group, and skills training on a variety of topics. The clinical note dated 03/18/2014 indicated that the injured worker showed intact attention, memory and knowledge. The documentation also indicated that the injured worker was doing better. As such, the request is not medically necessary.

**BUDEPRION XL 150MG THREE (3) DAILY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors Page(s): 15-16.

**Decision rationale:** The decision for the Budeprion XL 150 mg 3 times a day, the request is not medically necessary. The California MTUS Guidelines indicate that Wellbutrin is a second-line generation non-tricyclic antidepressant that has shown to be effective in relieving neuropathic pain of different etiologies. While Wellbutrin has shown some efficacy in neuropathic pain, there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. It has been suggested that the main role in selective serotonin reuptake inhibitors may be in addressing the psychological symptoms associated with chronic pain. More information is needed regarding the role of selective serotonin reuptake inhibitors and pain. The documentation provided was not evident that the injured worker had neuropathic pain or a diagnosis of neuropathic pain and did not support the need for a selective serotonin reuptake inhibitor. As such, the request is not medically necessary.

**DIAZEPAM 5MG TIMES ONE (1) TWICE A DAY (BID): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

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

**Decision rationale:** The request for diazepam 5 mg twice a day is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long-term due to long-term efficacy that is unproven and there is a risk of dependence. The guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Per the clinical notes dated 02/04/2014 and again on 05/21/2014 the injured worker was prescribed diazepam and clinical notes indicate that the injured worker has been using the medication greater than 4 weeks. As such, the request is not medically necessary.

**PROPRANOLOL 10MG TIMES ONE (1) TWICE A DAY (BID): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetic (Type 1, 2 and Gestational) blood Pressure.

**Decision rationale:** The request is not medically necessary. The Official Disability Guidelines indicate that in injured workers that are 60 years old or older, Should start treatment in blood pressure when systolic of 150 mm, or the diastolic of 90 mm. The Official Disability Guidelines indicate that propranolol is a four class beta blocker. The injured worker is greater than 60 years old. The documentation did not support the use of propranolol. The injured worker's blood pressure maintained at 130/70, per the 05/21/2014 chart notes. As such, the request is not medically necessary.