

<b>Case Number:</b>	CM14-0025624		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/10/2000
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, posttraumatic headaches, major depressive disorder, attention deficit hyperactivity disorder, and sleep apnea reportedly associated with an industrial injury of August 10, 2000. Thus far, the claimant has been treated with the following: Antidepressant medications; anxiolytic medications; and stimulant medications. In a Utilization Review Report dated February 5, 2014, the claims administrator partially certified a request for Xanax, reportedly for weaning purposes. Provigil and Deplin were apparently denied outright. The claimant's attorney subsequently appealed. A sleep study of June 18, 2001 was notable for comments that the claimant was given a diagnosis of known mild sleep apnea. Usage of a CPAP at 5 cm of water pressure was endorsed. On January 23, 2014, the claimant was described as pending a cervical epidural steroid injection. The claimant was using Norco, Flexeril, senna, Zoloft, Strattera, Adderall, Silenor, and Provigil, it was stated. The claimant's problem list included chronic pain syndrome, chronic neck pain, chronic low back, shoulder pain, tinnitus, depression, and anxiety disorder. In a mental health progress note of January 23, 2014, it was stated that the claimant was using Adderall for attention deficit hyperactivity disorder reportedly related to the claimant's neck injury. The claimant also had sleep apnea, again attributed to the industrial injury. Provigil was being employed for the same. The attending provider stated that the combination of Adderall and Provigil did not result in overstimulation. The claimant was diagnosis of major depressive disorder, ADHD, sleep disorder, and sleep apnea. Provigil, Xanax, Adderall, Silenor, Zoloft, and Deplin were endorsed. The attending provider stated that all of the medications in question were efficacious. The claimant was described as permanently disabled. In another mental health note of February 20, 2014, the claimant was described as having significant focus in weight control issues, reportedly attributed to discontinuation of

Adderall. The claimant was able to sleep seven to eight hours every 25 hours, it was stated. Deplin was being used as an adjunct for major depressive disorder, the attending provider posited and is reportedly potentiating the same. The attending provider stated that he was going to change the claimant off from Adderall to Nuvigil. A variety of medications were refilled, including Provigil, Nuvigil, Xanax, Adderall, Silenor, Zoloft, and Deplin. The claimant was again described as permanently disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Deplin 15 mg #30 times 5 refills:** 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), Treatment Index, 12th Edition (web), 2014, Pain - Medical food; US National institutes of Health (NIH) National Library of Medicine (NLM) PubMed, 2014(<http://www.ncbi.nlm.nih.gov/pubmed/>).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Folate topic.

**Decision rationale:** Deplin is a derivative of Folate. The MTUS does not address the topic. As noted in the Official Disability Guidelines (ODG) mental illness and stress chapter, Folate for depressive disorder is deemed under study. The attending provider stated that he had intended to avoid Folate as a means of potentiating the applicant's psychotropic medications. In this case, however, the attending provider has not outlined how precisely Deplin has been beneficial here and/or furnished information which would offset the unfavorable ODG recommendation. The fact that the applicant is off of work, on total disability, and that the applicant's consumption of psychotropic medications is essentially unaltered to heightened, taken together, implies the lack of functional improvement as defined in the MTUS guidelines, despite ongoing usage of Deplin. Therefore, the request for Deplin 15 mg #30 times 5 refills is not medically necessary and appropriate.

**Provigil 200 mg #30 with 1 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 (ODG), Treatment Index, 12th Edition (web), 2014, Pain - Modafinil (Provigil); Physicians' Desk Reference (PDR), 68th Edition, 2014, Provigil, (<http://www.pdr.net/drugsummary/provigil?druglabelid=2332>).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Medical Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence Food and Drug Administration (FDA) Provigil Medication Guide.

**Decision rationale:** The MTUS Chronic Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purpose has the responsibility to be well informed regarding usage of the same and should, furthermore, provide some evidence to support such usage. Page 7 of the MTUS Chronic Medical Treatment Guidelines does further note that an attending provider should incorporate some discussion of other medications that an applicant is taking into his choice of recommendations. In this case, the attending provider has not furnished any compelling evidence to support provision of two separate stimulants, Adderall and Provigil. While some of the attending provider's progress notes did suggest that the applicant was given a diagnosis of attention deficit hyperactivity disorder, the attending provider did not state how this diagnosis was arrived upon, nor did it appear that the attending provider entertained other items on the differential diagnosis such as somnolence generated by sedating medications such as Flexeril, Norco, and Silenor. No rationale for selection and/or ongoing usage of Provigil in conjunction with a second stimulant, Adderall, and in conjunction with several sedating medications, namely Silenor, Cyclobenzaprine, and Provigil, was furnished. Therefore, the request for Provigil 200 mg #30 with 1 refill is not medically necessary and appropriate.

**Xanax 1 mg #60 with 1 refill:** Upheld

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

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

**Decision rationale:** The MTUS/ACOEM Guidelines does acknowledge that anxiolytic medications such as Xanax can be employed for short-term purposes, so as to afford applicants with overwhelming mental health symptoms a brief alleviation. Xanax, is not, per ACOEM, recommended for the chronic, long-term, scheduled, and/or twice daily purpose. Therefore, the request for Xanax 1 mg #60 with 1 refill is not medically necessary and appropriate.