

Case Number:	CM14-0051512		
Date Assigned:	07/07/2014	Date of Injury:	12/16/2009
Decision Date:	11/17/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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 Psychiatry and is licensed to practice in Illinois and Wisconsin. 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 was injured in December 2009. She has been in weekly therapy related to complaints of depression, anxiety and shoulder pain. She has been receiving acupuncture for pain as well. She is diagnosed with Major Depressive Disorder and has a comorbid diagnosis of ADHD. She is on Xanax 0.5 mg prn and has been on Effexor, Viibryd, Paxil, Prozac and Cymbalta in the past. She has also been on Lamictal and was on a brief course of Adderall. This was switched to Vyvanse. The previous reviewer denied coverage for Vyvanse 20 mg daily. This is an independent review of the above decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vyvanse 20mg. #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/drugs/guidancecomplianceregulatoryinformation/enforcementactivitiesbyfda/warninglettersandnoticeofviolationletterstopharmaceuticalcompanies/ucm289167.htm>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. 2014 Physicians Desk Reference 2. Diagnostic and Statistical Manual, Fifth Edition (DSM V) May 2013 3. Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010

Decision rationale: The patient has a diagnosis of ADHD for which Vyvanse is indicated but review of the records does indicate any evidence of symptoms pointing to a diagnosis of ADHD as per the DSM V. Instead the records submitted show racing thoughts, anxiety, poor sleep and agitation which suggest a diagnosis of bipolar disorder. The PDR notes that stimulants can cause or exacerbate manic symptoms. Stimulants may be used as an adjunct to antidepressant medication according to the APA but this patient is not on antidepressant therapy. The data reviewed in sum do not establish an indication for Vyvanse and the clinical symptoms experienced by the patient may contraindicate this medication. Medical necessity therefore is not established according to current clinical research, evidence based best practice standards and expert consensus.